

THE TIMES AND REGISTER.

A Weekly Journal of Medicine and Surgery.

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NEW YORK AND PHILADELPHIA, DECEMBER 14, 1889.

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SCALE OR POWDER

SEE "MERCK'S INDEX," PAGES 106 AND 167

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FORMULA.

Ten minimis of the Tonic contain the equivalents (according to the formulæ of the U. S. P. and Dispensatory) of:

Tinct. Nux Strychnos	1 minim.	Tinct. Gentian	1/2 minim.
" Ignatia Amara	1 "	" Columbo	1/2 "
" Cinchona	4 "	Phosphorus, C. P.	1-300 gr.
" Matricaria	1 "	Aromatics	2 minimis.

DOSE.—Five to ten drops in two tablespoonfuls of water.

INDICATIONS.

PARALYSIS, NEURASTHENIA, SICK AND NERVOUS HEADACHE, DYSPEPSIA, EPILEPSY, LOCOMOTOR ATAXIA, INSOMNIA, DEBILITY OF OLD AGE, AND IN THE TREATMENT OF MENTAL AND NERVOUS DISEASES.

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Physician's single sample delivered, charges prepaid, on application.

That each physician may be his own judge of its value, irrespective of the opinions of others, we make the following **SPECIAL OFFER.** We will send to any physician, delivered, charges prepaid, on receipt of 25 cents, and his card or letter-head, half a dozen physicians' samples, sufficient to test it on as many cases for a week to ten days each.

The Tonic is kept in stock regularly by all the leading wholesale druggists of the country.

As we furnish no samples through the trade, wholesale or retail, for samples, directions, price-lists, etc., address,

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These facts have been demonstrated by thirty years' clinical experience in the treatment of this disease exclusively, by Dr. Churchill, who was the first to apply these remedies in medical practice.

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A pamphlet of sixty-four pages, devoted to a full explanation of these details and others, such as contraindicated remedies, indications for the use of each hypophosphite, reasons for the use of absolutely pure Salts, protected in syrup from oxidation, etc., mailed to physicians, without charge, upon application to

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Distilled Water.....35 "	Salicylic Acid.....1-4 "
Soluble Pancreatin..... 5 Grains.	Hydrochloric Acid.....1-30 "

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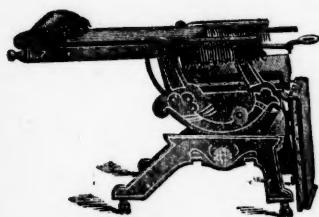
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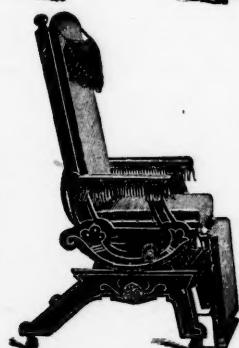
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Notes and Items.

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It is with great pleasure I do you the justice to state publicly that I have recently used your "Dio-viburnia" compound with much satisfaction. In dysmenorrhoea, I think it has no superior, if an equal. I have given it in several cases of amenorrhoea with most excellent results, and owing to its antispasmodic effects, I prescribe it almost exclusively in cases of threatened abortion; in such cases it acts almost as if by magic.

Respectfully, A. H. Weatherford, A.M., M.D.

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THE custom officials in France test for addition of saccharin to foods in the following manner: About twenty grammes of the substance to be examined is brought into a small flask with an equal volume of water, the whole is well shaken, five drops of sulphuric acid added, mixed thoroughly, and the fluid is then extracted cautiously, to prevent formation of emulsion, with an equal volume of ether. The ether solution is removed and allowed to evaporate in a porcelain dish and the residue tested by its taste.

—*Pharm. Era.*

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They are carefully finished, especial care being taken to make them smooth.

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No. 7, " 126 " " 10 " 9 "	-	-	-	2 10 "

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Prof. Gross stated at one of his Surgical Clinics in the Jefferson Medical College Hospital, that he had just concluded a series of experiments with cat-guts obtained from different sources; and that the article which I now offer for sale, he considered superior to all others. I put this up in coils of 10 feet, four different sizes, Nos. 1, 2, 3, 4 (four is thickest). Nos. 2 and 3 are the most useful sizes.

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FOR NERVOUS PROSTRATION, BRAIN EXHAUSTION,
NEURASTHENIA AND ALL FORMS OF MENTAL
AND PHYSICAL DEBILITY.

This WINE OF COCA is so prepared that it contains the active principle of the leaves in a perfectly pure form. Moreover, it is absolutely free from all those foreign substances which all other wines of coca contain, and which interfere, to a great extent, with its curative influence. It is well known that the cocaine contained in the coca leaves varies considerably in its proportion; hence giving to the wines, as ordinarily made, uncertain strength, and causing them to be unreliable in their action on the system. In the RESTORATIVE WINE OF COCA the proportion of alkaloid is invariable and the physician can, therefore, prescribe it with the certainty of obtaining uniform results.

Prof. M. Semmola, M.D., of Italy, says: Having tested and made repeated examinations of the RESTORATIVE WINE OF COCA, I hereby testify that this preparation is most excellent as a restorative in all cases of general debility of the nervous system, especially in disorders arising from excessive intellectual strain or other causes producing mental weakness. I also consider this wine invaluable for the purpose of renewing lost vitality in constitutions enfeebled by prolonged illness, particularly in cases of convalescence from malignant fevers.

Prof. Wm. A. Hammond, M.D., in the course of some interesting remarks before the New York Neurological Society, on Tuesday evening, November 2, called attention to the impurities existing in most of the preparations of wine of coca, which vitiated their value, and he then said:

"Most of the wines of coca contain tannin and extractives, which render the taste of the article astringent, most disagreeable, and even nauseating, especially in cases where the stomach is weak. The difficulty arises from the fact that these wines of coca are made from the leaves, or even from the leavings after the cocaine has been extracted. The active alkaloid, which is the essential element, is therefore wholly lacking in some of these preparations, and this renders them practically worthless."

"I therefore asked a well-known gentleman of this city if he could not prepare a wine of coca which should consist of a good wine and the pure alkaloid. He has succeeded in making such a preparation. It seems almost impossible that there could be any such a substance, for its effects are remarkable."

"A wineglassful of this tonic, taken when one is exhausted and worn out, acts as a most excellent restorative; it gives a feeling of rest and relief, and there is no reaction and no subsequent depression. A general feeling of pleasantness is the result. I have discarded other wines of coca and use this alone. *It is the Health Restorative Co.'s preparation.* (Italics ours.)

"I have found it particularly valuable in cases of dyspepsia and weak stomach. The cocaine appears to have the power to reduce the irritation of the stomach and make it receptive of food. In extreme cases, where the stomach refuses to take anything, a teaspoonful of the wine may be tried first; the stomach will probably reject it. Another teaspoonful may be given, say fifteen minutes later, and this will possibly share the same fate; but by this time the cocaine in the wine will have so reduced the irritation of the stomach that the third teaspoonful will be retained, or at least the fourth or fifth, and the stomach thus conquered will be in a condition to retain food, which should be given without the wine."

"This wine of coca may be taken by the wineglassful, the same as an ordinary wine; there is no disagreeable taste; in fact, it tastes like a good Burgundy or Port wine. Taken three times a day before meals or whenever needed, it has a remarkably tonic effect, and there is no reaction. The article produces excellent results in cases of depression of spirits; in hysteria, headache, and in nervous troubles generally it works admirably. It is a simple remedy, yet efficacious and remarkable in its results."

FEBRICIDE.

A complete Antipyretic, a Restorative of the highest order, and an Anodyne of great Curative Power

R.—Each pill contains the one-sixth of a grain of the Hydrochlorate of Cocaine, two grains of the Sulphate of Quinine, and two grains of Acetanilide.

From the "Medical Summary," of October, 1889, by **E. Carmichael Rothrock, M.D., of Corsicana, Tex.** "Febricide Pills." We used these pills as an antipyretic and anodyne in rheumatism, where there is muscular pain, or where the pain had a tendency to move or change from one part to another. In neuralgia in any part of the body, then "Febricide," one pill every two or three hours will relieve. In spastic and angio-paralytic hemiplegia, "Febricide" in my hands has afforded prompt relief. In uremic conditions (headache) "Febricide" will act like a charm—is positive and decided in relieving this condition. In congestive headaches, "Febricide" will be found of great service.

Dr. A. J. Rogers, Juniata, Neb., writes: Your sample of FEBRICIDE had not been in my hands an hour when I was called to see an old lady suffering severely with *Rheumatism* and *Hyperesthesia* which was very general, and also with *Asthma*, of which she had suffered for many years. I gave her a pill three times a day until she had taken eighteen. She began to get relief after the fourth pill and continued to improve. By the time she had taken twelve pills, *Rheumatism* and *Acute Sensitiveness* were no more, and she has not felt anything of them since.

Dr. Albert S. Warner, of Springview, Neb., writes: "I have used your "Febricide" with excellent results in our "Mountain Fevers" (Typhoid), reducing in one case the temperature from 104½ with dry brown furred tongue, in ten hours to 99½ with tongue cleaning promptly and moist, and rapid improvement dating therefrom. Have used antipyrin in similar cases with no good results."

P. M. Senderling, A.M., M.D., of Jersey City, N. J. writes: July 13 I was called upon to visit a lad aged 18 years, who had been suffering for over two weeks with, as alleged, "Inflammatory Rheumatism," and had been attended by another doctor and discharged as convalescent a week prior to my first visit. I found him in this condition; pulse 110; temperature (under tongue) 103 3-5; the right knee-joint greatly swollen and intensely painful, a troublesome diarrhoea also present. Careful inquiry and examination demonstrated to my mind that the difficulty or "Materies Morbi" was clearly traceable to malarial influence. I at once placed him under the treatment which for years I had found most efficient, but up to the 16th I had utterly failed to reduce either his temperature or frequency of pulse. On my morning visit of 16th I found his condition thus; temperature (under tongue) 101 2-5; pulse 116 and his general condition indicative of great suffering. I at once suspended all other treatment and gave him one pill "Febricide" every three hours. At 8 P.M., 16th inst. I found my patient much better, his temperature had fallen to 101 1-5; pulse 96; and his general appearance indicating decided improvement in every particular. On 17th his temperature had fallen to 101 1-5; pulse 90; 18th 100 1-5; pulse 90, and with great improvement in condition of knee-joint, the swelling, abnormal heat and sensitiveness were entirely gone. I am so confident this case will speedily and perfectly convalesce, that I do not deem it necessary to delay communicating the result of my first trial of the "Febricide." I will say that in this case antifebrin and antipyrin were successively tried in full doses, and to meet the synovitis, full doses of quinine and salicylate of soda were also used; the local treatment being alkaline lotions which I did not discontinue.

No. 100 W. 7th Street, Cincinnati, O., Nov. 9, 1889.

On November 6, I was called in consultation to see Mr. W., who was suffering from the most violent attack of Asthma, the paroxysm so frequent that suffocation seemed only a matter of a little time. We gave him one "FEBRICIDE PILL" and ordered one every two hours; ordered hot mustard foot-bath; his doctor remained with him. I returned per request in seven hours; to my surprise he was breathing, talking, and, as he informed me, felt first-rate.

DR. D. W. McCARTHY.

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Grand Rapids, Mich., October 8, 1889.

"Febricide Pills" have been used in a case of Chills from Septic Poisoning and worked to perfection, as they stopped them entirely where ordinary Quinia had failed. Also kept down the temperature.

O. E. HERRICK, M.D.

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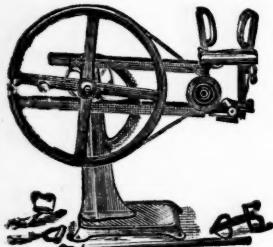
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Do not despair of relief and cure for the most difficult and obstinate cases of chronic ill health until the merits of mechanical massage, and its allied processes have been thoroughly tested.

Correspondence and *personal inspection* of methods solicited. Send stamp for explanatory literature containing list of Dr. Taylor's books.

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"STANDARD." Fig. No. 6.

Figure No. 6.—Illustrates the STANDARD raised at the foot for elevating the hips. The step may be pushed out or drawn back by the physician with his foot, from the side of the table.

Figure No. 10.—Illustrates the STANDARD set with double inclination. The patient gets upon the step with her left side toward the table and adjusts her clothing, rests her thigh across its end, reclining upon her left side, carrying her left arm back and her left ankle upon the rest, her right knee over and above its fellow against the guide, and her head upon the pillow. The physician then tilts by means of the sliding levers. The patient will be comfortable for any reasonable length of time, and no physician need say, "I cannot use Sims' Speculum, or utilize the side position without the aid of a skilled assistant." Let down the inclinations before the patient descends.

These Tables are made with Polished Wood or Upholstered Tops. We also make a Folding Cushion and a Cabinet Case, which can be placed on the platform.

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"STAR." Fig. No. 18.

Figure No. 18.—Illustrates the STAR raised at both foot and back for relaxing the abdominal muscles. The stirrups and step are drawn out.

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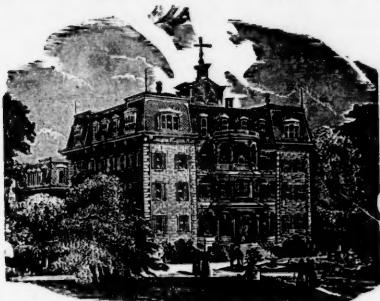
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J. WILLOUGHBY PHILLIPS, M.D.,
S. A. MERCER GIVEN, M.D.

REFERENCES:

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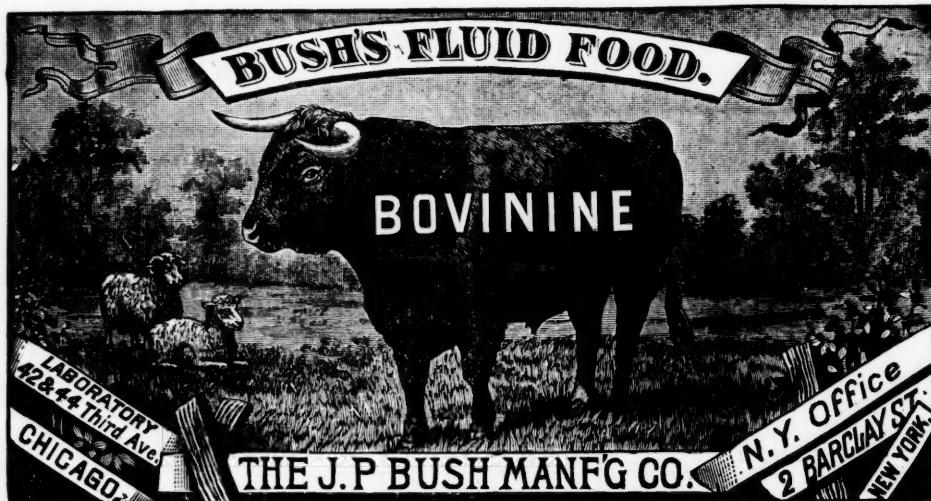
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RAW FOOD EXTRACTS AND THEIR VALUE.

FROM AN ESSAY READ BEFORE THE AMERICAN MEDICAL ASSOCIATION AT WASHINGTON, D. C., MAY 6th, 1884,

By B. N. TOWLE, M.D., OF BOSTON.

"Nervous debility and neuralgia are often the results of nerve starvation. They are now, more than ever, the dread of every intelligent physician, and the terror of all business men. The weary hours of pain, and the sleepless nights of those suffering from nervous diseases, are but the beseechings of an exhausted nerve for food. Hungry and starved, they make their wants known by the pain they set up as their only agonizing cry; and no medication will give permanent relief until the hunger is satisfied.

Our research, then, must be to find a more easily digested and assimilated food.

Observation seems to sanction the fact that vegetable food elements are more readily assimilated by persons of feeble digestion than are the animal food elements, and especially when they have undergone the digestive process in the stomachs of healthy cattle. The juices of these animals, when healthy and fat, *must* contain all the food elements in a state of solution most perfect, and freed from all insoluble portions, and hence in a form more easily assimilated than any other known food.

I have used Raw Food Extracts for more than eight years, in a large number and variety of cases, and in no case of malnutrition has it failed to give relief.

I have given it to patients continuously for months, with signal benefit, especially in complicated cases of dyspepsia, attended with epigastric uneasiness arising from eversion, and in nervous debility of long standing. The sudden and full relief this food affords patients who have a constant faintness at the stomach, even immediately after taking food, shows how readily it is assimilated. This faintness is a form of hunger, and is the cry of the tissues for food, not quantity but quality—a food that the famishing tissues can appropriate and thrive upon.

Raw Food is equally adapted to lingering acute diseases. I have used it in the troublesome sequelae of scarlatina, where there was exhaustion from abscesses in the vicinity of the carotid and submaxillary glands; and in protracted convalescence from typhoid fever, with marked advantage. The cases that I especially value it in are laryngeal consumption and nervous exhaustion, in which cases there is always more or less derangement of the digestive tract, such as pain in the stomach, constipation, eructation of gases, distress after taking food, etc. Raw Food should be taken with each meal, the patients taking such other food as they can readily digest, in quantities suited to the individual case.

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Physician to the German Dispensary, New York.

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(See New York Medical Journal, July 20, 1889, page 72.)

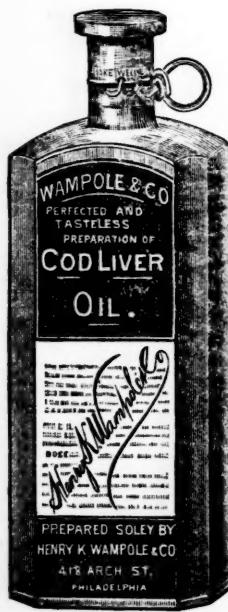
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The Times and Register.

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Vol. XX, No. 583.

NEW YORK AND PHILADELPHIA, DECEMBER 14, 1889.

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Clinical Lectures.

GRANULAR LIDS—ENUCLEATION OF BALL.¹

BY PETER D. KEYSER, M.D.,
Professor of Ophthalmology in the Medico-Chirurgical College, and Surgeon to the Wills Eye Hospital, Philadelphia.

(Reported for the TIMES AND REGISTER.)

GENTLEMEN: Of all the affections of the conjunctiva, there is none so troublesome, as well as vexatious, to both physician and patient (and I might say the family and friends of the latter) as that form called granular lids—conjunctivitis granulosa. In speaking of this form of disease I do not mean catarrhal conjunctivitis, which patients frequently call "granulated eyelids," whether from their own idea of the trouble, or from information often expressed as being received from a physician, but that form which shows conclusively the well-known appearance of true follicular enlargements or excrescences on the conjunctiva.

In looking over the field in relation to this disease, there are generally three forms described in the textbooks—the *papillary*, in which the papillæ of the conjunctiva only are greatly enlarged, which is an early stage of the inflammation; the *follicular*, in which the lymph follicles have become enlarged by the inflammatory action passing back into the deeper stroma of the tissues and affecting them; and the form called the *mixed*, in which both the papillary and follicular enlargements are clearly defined. The last form is found in almost all cases that have been

of some duration under considerable inflammatory activity, and is really the form most generally seen.

The three cases I present to you to-day are typical ones of the three forms mentioned. You will see, when I turn these lids, that the papillæ of the conjunctiva are alone enlarged. They appear in little sharp-pointed projections. This second one, the conjunctiva looks as if covered with frog spawn—round yellowish-red follicles covering the whole surface. In the third case, on close examination there can be seen some follicles which have fine papillary prominences between them.

Conjunctivitis granulosa arises from many causes, among which may be named, first, contagion, then neglected or badly-treated catarrhal or simple conjunctivitis; and it is also a sequel at times from purulent conjunctivitis, due to careless treatment. The origin of the inflammation is claimed by many to be mycosis. But let it be from whatever origin, it is nevertheless a tedious disease, at times painful, and also dangerous to sight from extension of the inflammation to the cornea. The greatest percentage of blindness arises from this disease in most all countries, especially in sandy lands—as in Egypt, and the Western States of this country. I am also informed that it is very prevalent in China among the lower classes of people.

The treatment requires great judgment and patience on the part of the physician, and very much of the latter on the part of the patient. The case must be carefully watched, to notice changes and any complications. Remedies innumerable have, from time to time, been advocated and found by many excellent, while in other hands not so success-

¹ Delivered at the College, November 22, 1889.

ful. This may in part be accounted for by the lack of observation and discrimination in the form and character of the disease at the time of treatment. Astringents have been the main reliance, and sulphate of copper was the sovereign remedy for a long while, and of every eye, no matter what the form or grade of inflammation, the conjunctiva was touched with the crystal of *blue stone*. Then came the mitigated stick (1 part nitrate of silver to 2 or 3 parts nitrate of potash) as advocated by Von Graefe, in Berlin, while the Vienna school was brushing the conjunctiva with a solution of nitrate of silver, gr. x- $\frac{5}{3}$.

Then came other remedies, as tannin, hydrastis, yellow oxide of hydrargyrum, etc., all of which have their advocates and are excellent in some cases; but failing with all these brought out operative treatment; the cutting out the fold of the conjunctiva above the tarsal part, as well as shaving off the granulations; then was introduced the inoculation of pus from a case of purulent conjunctivitis neonatorum, so as to set up a severe inflammation to effect the absorption of the granulations on its recession. The pus instillation in the eye being considered too dangerous for the cornea, the Jequirity treatment was recommended by De Wecker, of Paris, and I must say has given some brilliant results in my hands. This treatment consists in the instillation of a 2 per cent. aqueous solution of Jequirity beans three or four times daily in the eyes, for one or two days. It creates a very painful and severe inflammation, which soon passes away under simple treatment of cold water cloths applied over the eye, and a collyrium of 10 grs. boric acid to $\frac{5}{3}$ j. aqua destillata.

Lately the use of bichloride of mercury, in solution 1-500, instilled in the eye two to three times daily, and a stronger (1-200) solution brushed over the conjunctiva once or twice a week, has come into favorable notice.

Taking all the remedies recommended, every one has a certain amount of virtue, and if applied when the conjunctiva is in just the condition for its use, there will be an improvement. But unfortunately, this improvement does not always continue, and relapses occur. I have found, after years of experience, that every remedy—if continued too long—loses its virtue, and before the reaction takes place should be discontinued, at least for a while, and another used. In this way many very obstinate cases may be cured.

The bichloride of mercury solution 1-1000 has worked wonders in some chronic forms when there was great inflammation; while those of 1-500 irritated too much.

There is one stage or change in the conjunctiva that has given more trouble to cure than any, but which fortunately, is not very frequent in its appearance, and over which nothing has acted successfully in my hands until lately. This form is that in which the inflammation in the eye has, as a general thing, passed all—or nearly all—away, there remaining a slight irritation and weeping, and at times a thin, gelatinous discharge, but seldom any gluing of the lids. On turning the upper lid, isolated or small collections of yellowish-white, round nodules are seen

scattered over the tarsal part of the conjunctiva, while the fold is perfectly free and smooth. These granulations are prominent, and have a hard, cartilaginous feeling on passing the finger, especially the nail, over them.

None of the well-known remedies appear to have any effect in reducing them. Cauterizing or cutting them off does not remove them, and often leaves the conjunctiva worse, in so far that cicatrization and scars may be left, which are irritating to the cornea. Even the instillation of the powder or a solution of the Jequirity bean has not been successful in causing their absorption. But lately the idea suggested itself to me to try to rasp them off by the use of pumice stone. So this summer I took a well-marked case, of eight years standing, in a lad twelve years old, a son of an officer of the regular army, who had been through the usual routine in several cities of the West and East, and in the army posts without success, and determined to try it. Every day for a few days, I turned the upper lid and rubbed well over the tops of the hard cartilaginous granulations with a flat piece of pumice stone. This caused considerable pain during the rubbing, and created quite a congestion of the tissue with slight hemorrhage. After the daily rasping for the few days, it was made three times the next week, then twice a week, with the most wonderful results. In six weeks' time the granulations were completely rasped down, and the whole conjunctiva was smooth and in a healthy condition. After every rasping the conjunctiva was inflamed and sore for ten to twelve hours, but passed away on the application of hot water cloths. The eyes were kept clean all the time by the use of a collyrium of boric acid, gr. x- $\frac{5}{3}$ j, and the lids were anointed with an ointment of yellow oxide of mercury, gr. $\frac{1}{2}$, in lanoline $\frac{5}{3}$ j. The case has kept well ever since, and the patient is in as good condition as can be. I would therefore recommend to you this treatment if any such cases should come under your notice.

This other case comes before us with the history that ten days ago, while striking a hammer on a cold chisel to force up a hoop on a barrel, something flew into his right eye and it has been blind ever since, as well as somewhat inflamed, although the inflammation has been kept subdued by constant applications of cold water cloths. Upon examining the eye, a horizontal incision is seen, a little back of the inner line of the cornea, extending across the sclerotica and through the ciliary body. The anterior chamber is free, but the vitreous chamber is completely filled with blood, so that no illumination of the fundus can be made. This great hemorrhage in the ball shows clearly that the ciliary process has been lacerated. Being a very vascular part of the eye it bleeds very readily on injury.

The patient thinks that there is nothing in the eye, but the character of the incision, with the great hemorrhage in the ball, proves distinctly to my mind that a splinter of steel has gone through into the vitreous body. This kind of an injury is of frequent occurrence among machinists, and others who drive a hammer on a chisel or rivet—such as boiler makers.

In cases of this kind it is impossible to see where the foreign body is in the eye for its removal by a magnet. Pieces of steel or iron often pass through the cornea and sclerota without causing the least hemorrhage. In such cases it is not so difficult to see them with the ophthalmoscope and remove them by the electro magnet. But in this case the hemorrhage is so thick that it is impossible to attempt to look for it, and therefore the safest and best treatment is to enucleate the eyeball, to remove any danger of sympathetic ophthalmia in the other.

The enucleation of an eyeball is not a difficult operation if you know thoroughly the anatomy of the parts and have some dexterity in the handling of delicate instruments, and, like most everything else, it is quite easy when you know how to do it. It is a painful as well as delicate operation, and before the introduction of cocaine as a local anaesthetic, it was necessary to thoroughly etherize the patient; but now, under the use of 4 to 6 per cent. solution of cocaine, local anaesthesia can be acquired that will permit in most cases, most of the operation to be performed; and then, under very little ether, the completion can be very quickly and readily carried out.

Having instilled the cocaine solution several times into the eye, the speculum is introduced to widely separate the lids, then, with the forceps and scissors, the bulbar conjunctiva is separated around close to the cornea, then each rectus muscle can be taken up either by the forceps (as you see I do it) or the strabismus hook, and the attachment at the sclerotic cut loose by the same scissors in your hand. After separating all the recti, then pass the hook under the two oblique muscles and loosen them. Now that all the muscular attachments are free, the only thing really holding the ball in place is the optic nerve. Before cutting through it and the ciliary nerves and vessels which pass into the eye near the optic nerve, the patient should be given some ether to breathe. As soon as the first stage of action of the ether is noticed—that is, the quiet stage, or a short loss of consciousness, before that of excitement comes on—the ball should be rolled to one side by either the forceps or a hook, the scissors passed in back of the ball, blades opened, and with one cut (if possible) the optic and ciliary nerves severed. The ball can then be lifted out and any minor adhesions cut loose.

Considerable hemorrhage takes place, but can generally be readily controlled by pressure and applications of hot water. Formerly cold water—and even ice—was used, but since the discovery of the stypic action of hot water, it is found to be preferable and acts more effectively.

In some cases the conjunctiva may be brought together by sutures, but really it is unnecessary, as the whole thing heals up without any, or very little after-inflammatory action. After the hemorrhage has been stopped, apply a firm compress bandage over the eye, to prevent any secondary bleeding taking place.

Having removed the ball, we will now cut it through in half, to see if a foreign body is contained therein. You see how the posterior part, or vitreous chamber, is filled with coagulated blood.

Now, throwing this out and feeling carefully, I come across a hard sharp substance which, you see, I present to you as a small, triangular, wedge-shaped piece of steel.

RUPTURE OF THE KIDNEY—CARCINOMA—PYO-NEPHROSIS.¹

BY CHARLES McBURNEY, M.D.,

Robert A. Sands, Acting House Surgeon.

(Reported by Dr. K. B. Page, M.D.)

GENTLEMEN:—The first case I shall operate on to-day is one of tumor of the kidney.

Of the exact nature of the tumor we are uncertain. By exploration with a hollow needle I have found pus, and this in connection with the other symptoms, has led me to form the opinion that this is a case of pyo-nephrosis, abscess of the kidney.

The man gives the following history: Aged thirty-nine, married, a rubber-hose maker, has complained for one and a half years of constant pain in right side of abdomen, has had nausea and vomiting, and at times slight jaundice; weight averages about one hundred and seventy-eight pounds, bowels are constipated, there is no ascites; examination of urine reveals no albumen, sugar or casts, sp. gr. 10-20, acid.

In the month of February, of this year, a distinguished consultant of this city saw the case and made the diagnosis of tumor of the kidney, probably carcinoma.

Another well-known gentleman diagnosed the case as distension of the gall bladder with occlusion of the cystic duct, and ascribed the jaundice to this. These opinions are mentioned to illustrate the difficulties of diagnosis in the early stages of pyo-nephrosis.

The patient was brought to me by Dr. W. B. Clark, of this city, for treatment.

On admission, a somewhat nodular tumor could be made out by palpation, occupying nearly the whole right abdominal half, extending inwards to the umbilicus and downwards to the iliac crest.

The examination of urine was practically negative, but a trace of albumen and only one cast were found.

Revising the history and notes of examination we find we have the history of a growth in the right loin, in the location of the kidney. The urinary symptoms are negative, probably because the kidney tissue is totally destroyed, and the ureter occluded so that none of the contents of the tumor can get into the bladder. The man has lost, then gained, flesh, at various times, and his general appearance makes it extremely doubtful that he has carcinoma of *any* organ.

With a sterilized exploring needle I puncture the tumor from behind—as you see I obtain pus. Making an incision in the loin, down to the tumor, and protecting the edges of the fresh wound with sponges, I incise it, giving vent to pus. Introducing my finger into the cavity, I find that while of considerable size, it does not constitute the whole tumor, therefore, it is multilocular. Incising the second compartment, I give exit to pus in large quantities. This loculus is five or six times the size of the first.

¹ Delivered in the Roosevelt Hospital, New York.

We will thoroughly irrigate these cavities with Thiersch's solution, insert drainage tubes into either cavity, sew them in place for safety, and sew the edges of the operation wound together around them.

A permanent fistula will probably result with the continuance of a persistent discharge, and in some weeks, when the sac is thoroughly contracted, I will do a second operation for removal of the sac.

I do not consider it advisable to do a nephrectomy in this case, as the large size of the tumor would render this dangerous; but the operation I have indicated is practically without danger.

This operation makes it clear then that there was no neoplasm of the kidney; it was a case of abscess of the kidney. In my examination of the interior of the sacs, I did not find a calculus nor any of the amorphous material, so that it is impossible to state the origin of the pyo-nephrosis, whether calculus, blood-clot, or other body.

The second operation is also one for a lesion of the kidney; it is a case of

TRAUMATIC RUPTURE OF THE KIDNEY.

This woman, aged twenty-seven, M. III para, was brought to the hospital in the ambulance at 10 A.M., October 28, with the history of a fall out of the third story window, a height of from forty to fifty feet. She was in a state of most profound shock—temperature 97° F., pulse 106, respiration 28, and very shallow; vomited blood. It was only by the skill and assiduous devotion of the house staff that she rallied; her condition was then too critical to admit of examination. The next day she had improved a trifle. On careful examination we could find no broken bones as results of this great fall, but the abdomen was tender and swollen, and she had the appearance of a patient who had a severe internal injury, so that rupture of the intestines was suspected. After three days she began to improve slowly, and there was still no clear evidence to indicate the particular organ injured. At the commencement of this month she began to vomit and have some fever. A tumor was then noticed to be forming in the loin, which was opened on the 6th inst. by Dr. Hartley. Her condition was still so dangerous that ether could not be used, so the operation was made under cocaine anaesthesia. The incision of the tumor gave exit to a large quantity of pus, which our house surgeon describes in terms more forcible than elegant, yet strictly appropriate, as "highly stinking ammoniacal pus." The cavity was drained.

As she has had stools, per rectum, rupture of the intestine may be excluded, and, taking the symptoms into consideration, I believe we have a clear case of rupture of the kidney. I believe that at first the rupture was situate in the cortical region, that the opening into the pelvis and extravasation of urine was secondary. There is a large sac in the right loin, and you see the drainage tube of the first operation. The patient's condition has heretofore been such as absolutely prohibited a thorough examination of the abscess cavity, but I shall now make an oblique incision in the loin at the lower part of the sac, examine thoroughly, and determine the exact condition of the

kidney. The patient's condition is too poor to do a nephrectomy, so that, as in the previous case, I shall thoroughly drain and await further improvement of her condition for the second operation, if one is called for.

The cavity which I have opened by this incision is of great size, my finger passing downward to the iliac fossæ. Passing my finger over the surface of the kidney, I find it smooth, save at the lower part, where I feel a rough cleft, covered with granulations. I cannot positively state where the rupture is, but this is probably the point. A drainage tube will be sewed in, and the cavity packed with gauze.

HEREDITARY CARCINOMA.

My third case gives a very interesting history, illustrating the influence of heredity in the occurrence of carcinoma:

This woman's father died of epithelioma of the lip. An aunt on the paternal side had cancer of the womb; another aunt had recurrent tumor of the breast. Her mother, shortly before death, had a growing tumor in the right iliac region, and a sister is thought to have had cancer of the stomach. A very remarkable history.

The patient before us, aged thirty-nine, III para, noticed for the first time two years ago, a tumor the size of a hickory nut in the right breast. The growth increased slowly until four months ago, then grew more rapidly; but its greatest increase has been in the past two months. There have been severe shooting pains in the breast.

The tumor is now about two inches in diameter; painful on pressure. The nipple and skin over the growth are not adherent, and part of the breast is apparently healthy. Slightly enlarged glands can be felt in the axilla. The case is undoubtedly one of scirrhouss disease of the breast, and is now in favorable condition for operation.

I shall make an incision starting in the axilla, extending inward towards the median line, encircling the breast, and returning to the axilla. The growth has not infiltrated the sublying muscles, so that we easily dissect it off with the sheath of the muscle.

Having done this, and cleaned out the axilla we unite the wound by continuous suture, introducing catgut drains. The whole wound will be united; but we will make another opening in the skin of the axilla to insert a rubber drainage tube. At the expiration of three or four days this will be removed. As this operation has been practically aseptic, we should have immediate union.

ANTIPYRIN IN LABOR.—Antipyrin for labor pains was administered by Lelligman in Winckel's clinic, with noteworthy effect in fourteen cases. The pains were not only relieved, but the intervals became longer and the patient more calm. In some cases labor was interrupted, in one it became more energetic. One to ten hypodermic syringefuls of 50 per cent. solution, about $7\frac{1}{2}$ grs. or 30 grains per enema, was used, beginning with the latter. The effect lasts two hours.

—*Munich. Med. Woch.*

Original Articles.

REVIEW OF PROGRESS IN MEDICAL AND SURGICAL ELECTRICITY.

BY WILLIAM R. D. BLACKWOOD, M.D.,
PHILADELPHIA.

ELECTROLYSIS IN ANGIOMA OR NÆVI.

DR. MARSHALL, of Nottingham, calls attention in Braithwaite to electricity in nævi, and urges its use to prevent scarring. He prefers the positive pole as leaving little, if any, of the brown discolouration due to the negative. Low currents are employed—thirty milliamperes.

Dr. Duncan, of Edinburgh, relates nine cases of angioma of unusual interest treated by galvanism successfully. Three operations sufficed to cure a nævus the size and shape of a Jaffa orange, situated behind the ear of a puny child, three months old.

Another involving the foot completely through from dorsum to sole, including the fourth metatarsal bone, in a child eight months old, was almost entirely removed by six applications.

A cavernous angioma at the bend of the elbow, in a lady nineteen years old, which had sloughed and threatened sepsis, was cured by electrolysis in a year, the applications being infrequent. A pulsating aneurism followed a wound by an umbrella rib in the eyelid. Protrusion of the eye and diplopia ensued. Thirty milliamperes for seventeen minutes, four times at intervals of a week, removed the difficulty. Another instance of exophthalmus, due to injury, was similarly cured. Two cases of cirsoid aneurism of the scalp were also reported as removed by electrolysis.

Both gentlemen refer to the difficulty of insulating the needles. My own plan is to coat them with a thin layer of the ordinary liquid rubber-cement used for repairing tubing on bulbs. Dip the needle in, let it drain, dry it without artificial heat, suspending it point downward. When required for use scrape off the quarter inch nearest the point, rub till it shines, and you have everything lovely. I use the same plan for bougies and urethral electrodes generally, but the coating should be thicker. Rotate the needles before withdrawal, and if the negative be used for desirable purposes, reverse the current for a moment, when loosening will occur.

Electricity in Uterine Fibroids.—Lucas-Championniere is of the opinion (*London Med. Recorder*) that fibroids near the menopause are the only ones requiring electrolysis. He believes that "decongestion," rather than actual shrinking of tissue elements proper is attained, and he urges frequent changes of polarity, with not over sixty milliamperes for ten minutes. Doubtless his results are as he says, but if he will try the effect of putting in more coulombs, in the same time, he will get the positive reduction of the tumor aside from exsanguination. The fundamental idea is galvano-caustic electrolysis from the negative alone.

Faradism in Enuresis.—Guyon has long ago employed electricity in this complaint in young boys, and Janvier in girls also, but it has not been tried in cases after puberty, except to a limited extent. Brans-

ford Lewis recently used it in the case of a girl fifteen years old, in whom the nocturnal discharge ceased after the first treatment. One pole was applied in the urethra, the other on the thigh. Eleven *séances* were held to clinch matters.

Large Fibroid Polypus.—Dr. A. L. Smith (in the *London Med. Recorder*) describes a pear shaped tumor four inches in length, attached by a broad pedicle to the uterus, which Brosseau deemed not removable by section, owing to the exhaustion of the woman by hemorrhage. The large size of the pedicle was another disadvantage to a cutting operation. She was successfully treated by Dr. Lapthorn Smith by galvano-puncture in eight sittings. Fifty milliamperes were used at each application. The mass shrank to nothing.

Electricity in Pelvic Pain.—The successful employment of galvanism, thus, in the relief of pelvic pain must be based upon: 1st, the varying effects of the poles from a slight irritant to a violent acid alkaline caustic; 2d, the effect of inter-polar electrolysis, which promotes rapid absorption; and 3d, its general trophic effect, with general improvement of nutrition.

Electricity, unlike all other applications upon which the gynaecologist has learned to depend, with varying success, has something more than a surface effect. The amount of electricity that passes through a hyperplastic ovary, is the same that traverses the electrodes between which it lies. If the remedy is of value at all, that ovary must get the benefit of its effect just as certainly as though the sponges of the electrodes were in actual contact with it. With electricity we have a remedy, then, with which we can make local application to the most deeply situated organs.

1. Do not advise the removal of an ovary for persistent pain, until galvanism has been systematically and thoroughly applied, if any of the following conditions are suspected as a cause: (a) chronic ovaritis, either with or without hypertrophy; (b) where inflammatory deposits, either with or without adhesions, surround one or both organs; (c) ovarian neuralgia; (d) all pain coincident with menstruation; (e) in all cases of ovarian pain not known to be the result of active, acute inflammation, septic or specific inflammation, and cystic tumors.

2. Galvanism is a sure remedy for all pain resulting from tubal diseases, except when septic or specific inflammation is the cause, or the presence of pus is demonstrated.

3. Galvanism is positively indicated in dysmenorrhœa or other pelvic pain, when a result of chronic metritis; a result of hyperplastic enlargement of the uterus; or a result of fibrous or other non-malignant growths of the uterus.

4. Galvanism is emphatically indicated in pelvic pain when a result of old pelvic exudates of all kinds, provided acute inflammatory action is absent and the presence of pus is not suspected or demonstrated.

5. Galvanism is indicated in the pelvic pains arising from reflex disturbances or hystero-neuroses the condition well defined by Engelmann as "a phenomenon which stimulates a morbid condition in an organ that is anatomically in a healthy state."

6. Galvanism is indicated in dysmenorrhœa, when the result of cervical lacerations with unyielding cicatrized plugs; when the result of cervical endometritis or uterine vegetation.—*Martin, N. A. Pract.*

Faradism in Dilatation of the Stomach.—Baraduc holds that only functional cases dependent on atony of the solar plexus are suitable for electrical treatment. One pole is applied over the epigastrium, and the other passed through an oesophageal tube, the stomach being previously dilated somewhat with water. The rheophore is a short copper stem, and it is held *inside* the tube, near its distal extremity. Relief is rapid. Contraction is assured by quantity currents—relief of pain by tension.

Dujardin-Beaumetz, Bardet and Erb, recommend external applications, but these are not nearly so efficacious as the direct method.

Electricity in Intestinal Obstruction.—Dr. Lavat advocates the use of galvanic electrification in all cases of intestinal obstruction, and reports six successes from it. Sometimes more than one application is necessary to bring about a movement.

Electrical Stimulation in Apnea during Anæsthesia.—Drs. Hare and Martin advocate the use of the electric brush to the epigastrium in this condition, the other pole being applied to the base of the rib, not on the pneumogastric in the neck. Rapidly interrupted currents are used. They claim danger as existing

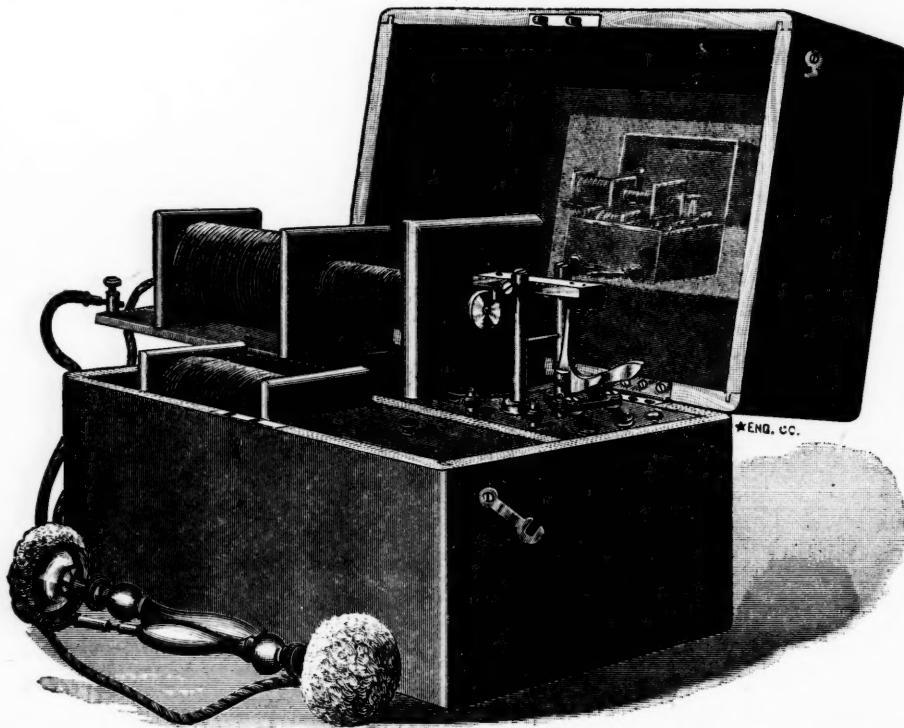
Electrolysis in Surgery.—Newman, of New York, recently adverted to the principles which should govern this matter, before the Ontario Medical Association in Toronto, Canada. The successful method involves the following :

1. Using the correct strength of the electric current.
2. Applying the respective poles in the right place.
3. Selecting the size, shape and material of the electrode.

4. Regulating the *duration* and intervals of seances.

He goes on to state that for the purpose of electrolysis a galvanic current only can be used, and that the negative pole should be selected for the immediate destruction of tumors and strictures, its action more closely approximating that of a caustic alkali, and leaving a cicatrix which is soft and not retractile.

His paper concludes with a review of the practical uses to which electricity has been put in the different branches of surgery. Aneurism, varicocele, hernia, hydrocele, hemorrhoids, tumors of various kinds, malignant and benignant, goitre, enlargement of glands, strictures of the oesophagus, rectum and urethra, atresia vaginae, opacities of the cornea, extra-uterine pregnancy, endometritis and the various uterine displacements, are but a few of the many affections which he mentions as having been successfully treated by electricity.



when stimulation of the phrenic as ordinarily done is tried, because of the closeness of the cardiac inhibitory nerves to the latter. In noticing direct stimulation of the heart by cesophageal electrodes some time ago in one of these reviews, I called attention to this danger. There is, however, little risk in using Faradism in the ordinary way, and it is equally serviceable as galvanism in all the instances, such as failing respiration from opium poisoning, and the like.

The use invariably of a reliable galvanometer should have been demonstrated, for in ordinary practice too many physicians rely upon the feelings of either the patients or themselves as to the power employed. I have known five milliamperes to be used in an attempt to check uterine hemorrhage from papilloma when from seventy-five to one hundred and fifty were indicated. You can't *feel* low currents by the hands.

NEW OR IMPROVED APPARATUS.

New Faradic Machine.—Messrs. Stevens & Son of the Toronto Galvanic Works (Canada) have devised a battery comprising differential coils from which a number of varying currents are obtainable. The apparatus is powerful and compact; it is thoroughly well made, and reliable, besides being economical in operation, and cheap in first cost. The rheotome is novel and effective, and the different currents are smooth yet strong. The curious notions held by many physicians that variable secondaries are of no practical use is dispelled by experiment with a machine built as this is, were the employment of converters in electric lighting not sufficient proof of the transforming of high pressure (voltage) currents with small quantity (amperage) into large quantity currents under light pressure, and *vice-versa*. The cut (see page 774) shows the appearance of the machine, and further information can be had from the makers on request.

An Abdominal Clay Electrode.—Dr. Frank R. Glasgow has devised an electrode which is a shallow round vessel made of leather. The bottom is a round piece of leather of moderate thickness; the sides are formed of a strip of one to two inches in width. A round hole is cut in the bottom in order to allow the connection for the wire of the leaden or copper plate to protrude. The plate fits loosely in the bottom; the top edge of the sides of the cup are turned over and sewed, so as to form a rim.

The cup is filled with soft, moist clay, and on the surface extending over the leather is laid one thickness of blotting paper. This keeps all fine particles of clay from sifting through. Over the whole and extending down the sides is drawn a piece of cotton cloth, which is held fast by a rubber band sprung over it. A little warm water is poured over the surface and the electrode is ready for use.

After using this on one patient, the cloth can be rinsed out and replaced; the clay and filter paper remain *in situ*. This clay will remain moist indefinitely if a piece of rubber cloth is placed over the top. The electrode can be warmed by laying it in hot water or placing it over boiling water. The electrode is not very pliable and is heavy—both good qualities in the great majority of cases. The distance the current has to pass is equal in all parts of the electrode, and even if this were not strictly true, the resistance is so little that it is practically so.

Protection from Strong Currents.—As the low pressure circuits of the incandescent lighting systems are being employed by many neurologists in our large cities, a method of avoiding accidental crosses is valuable in saving office apparatus, and the National Electric Protective Company of New York has devised an instrument for this purpose.

The protector is a small instrument (6 x 2½ inches), with a single electro-magnet wound with coarse wire to a very low resistance (about one-tenth of an ohm), and is placed in the circuit of the telephone or any electric system. It remains quiescent until the wire or circuit becomes abnormally charged by atmospheric, electric light or other strong current, when the magnet attracts the armature, and automatically

grounds or shunts the excess as long as the excessive current remains. When the excessive current ceases or is removed, the protector readjusts itself automatically and restores the circuit to its normal condition.

FACIAL ERYSIPelas COMPLICATING A VARICOSE ULCER OF THE FOOT.

By W. A. N. DORLAND, A.M., M.D.,
Chief of Gynaecological Clinic, Medico-Chirurgical College, Philadelphia.

THE case of which the following are the notes was one of such great interest to the writer that it has seemed well to him to present, in the present form, the two or three points which were deemed worthy of special notice, in the hope that further suggestions might be elicited upon the subject.

About the middle of October he was called upon to attend a stout, robust woman, fifty-two years of age, who was suffering from a large ulcer, involving the whole dorsum of the right foot, and extending to about two inches above the ankle joint. The woman stated that it had commenced with the bursting of a dilated vein at a spot just below the external malleolus, from which initial point it had rapidly spread, until it had reached the dimensions it then had. Upon examination, numerous varicose veins of considerable size were found extending up the limb to the knee. The ulcer was healthy in appearance, and presented no edge of induration. Attempts at strapping proving painful, a simple dressing of iodofrom was made, followed by the tight application of a roller bandage. Under this treatment granulation progressed rapidly, until the morning of Monday, the 4th of November, when he was hastily summoned, and found the patient laboring under considerable fever, which was subsequent to a chill. The whole surface of the ulcer, which till then had been discharging freely, was dry, glazed, hot, and painful, and strongly erysipelatous in appearance, while under the left eye was a suspicious looking, dark-red spot. Upon investigation, it was found that the patient had left her room on the previous day, and had remained down stairs for three hours, in attendance upon her household duties. She was in great distress about her present condition, fearing the onset of an attack of erysipelas. She stated that one paternal aunt had suffered with erysipelas, that her sister had died of the meningeal form, that another sister had had a severe attack of the disease, from which she had recovered, while she herself had passed through two previous attacks—the first appearing in her leg, and the last a slight attack in her face.

Incision of the erysipelatous patch in her limb not being permitted, much relief was afforded by the application of cloths wrung out of hot water. The spot under the eye rapidly assumed an erysipelatous character, and invaded the surrounding surface, closing both eyes, and involving most of the forehead—stopping, however, at the border of the hair. She was placed upon full doses of quinine, together with thirty drops of the tincture of the chloride of iron, every two hours, and upon tablespoonful doses of Wyeth's preparation of beef, wine, and iron after

meals. Her diet consisted of chicken broth, milk toast, and buttermilk. Under this plan of treatment her condition rapidly improved, and by the evening of Friday, the 8th, the swelling had almost entirely disappeared, while there remained but a small area of redness where the disease had first appeared.

The intense itching of the face during convalescence was relieved by bathing the spot in warm water three or four times daily, following each lotion by an inunction of vaseline. In the meanwhile, the ulcer in the foot had healed entirely under rest and the simple application of powdered oxide of zinc. The patient is now about and enjoying her usual state of health.

There are three facts in the history of this case which seem to be possessed of special interest. The first of these was the occurrence of the sudden metastasis to the face; the second, the presence of a marked hereditary feature; the third, the portion of the face first involved in the erysipelatous process; and to these might be added a fourth, namely, the prompt response of the disease to treatment.

Passing over the first of these points as being but an interesting phenomenon, the occurrence of which has been frequently noted in this affection, earnest attention would be called to a consideration of the second point, namely, the hereditary feature of the case. After an extended review of the literature of erysipelas, nothing whatever has been found referring to heredity as taking any part in the disease; and yet the history of our case points strongly to the existence of such a factor. The fact that her aunt had been afflicted with the disease, that one sister died of the meningeal form, that another sister suffered from a severe attack of facial erysipelas, and that the patient herself has had three attacks—two involving the face—is proof positive that some special predisposition (might we call it the erysipelatous diathesis?) existed in the family. At any rate, the matter is worthy of further investigation.

In a pamphlet published in 1858, Dr. Bird¹ records that in forty-nine cases of facial erysipelas occurring in females, in ten only, or but $19\frac{6}{10}$ per cent., did the disease begin upon the left side of the face, by far the larger proportion occurring upon the opposite side. A somewhat larger proportion existed in a series of twenty-seven cases occurring in males, when in ten, or $29\frac{1}{4}$ per cent. of the cases, the disease began upon the left side. This adds somewhat to the interest of the case in question, the process here commencing under the left eye.

When we consider that in five days the disease had run its course to complete recovery in our present patient, further comment is unnecessary as regards the last point of interest mentioned.

1521 S. 13TH STREET.

TOBACCO AGAIN.—It is said that ten out of twenty candidates at West Point were recently rejected on account of tobacco heart brought on by cigarette smoking.—*Medical Compend.*

¹ On the "Nature, Causes, Statistics, and Treatment of Erysipelas." By Peter Hinckes Bird, 1858.

Hydrotherapeutics.

A PLEA FOR THE PRACTICAL UTILIZATION OF HYDROTHERAPY.¹

By SIMON BARUCH, M.D.,

Attending Physician New York Juvenile Asylum and Manhattan General Hospital.

[Continued from page 755.]

WHAT is the aggregate result of the effects referred to—the effect upon the cardiac action, the vascular tension, the quality of the blood and its distribution, the effect upon heat production and elimination, and upon the nervous system? Surely an agency which is capable of impressing such modifications upon vital processes as physiological experiment has exactly demonstrated with regard to hydrotherapy, must exercise a paramount influence upon nutrition, tissue changes, the secretions, and excretions, those processes which depend upon the circulation and innervation, and heat production and elimination for their execution.

As has been well said nine years ago by Dr. Mary Putnam Jacobi (p. 59), in the only scientific work on hydrotherapy produced in this country: "The increased production of heat, determined by stimulation of the heat regulating apparatus, irrespective of the amount of heat abstracted by the cold, involves functional activity: 1. In the sensitive afferent nerves. 2. In one or more parts of the nerve centers. 3. In centrifugal nerve fibers of some kind terminating in muscles. 4. In the muscles where are performed the chemical processes involved in the production of the excess of heat. Thus the organism is induced to perform a definite and not inconsiderable amount of work. On this account its nervous-muscular tissues—or a large portion of them—are brought into a condition favorable to nutritive assimilation. But this is not all. When the reaction,—after the cold pack—is normal, the column of blood which sets inward towards the chylopoietic organs very soon turns outward again, accelerating the entire circulation of these organs in the same direction. As a most important result, more nutriment is carried into the general circulation, and with the abatement of the gastric-intestinal hyperæmia, the appetite revives." Dr. Jacobi goes on to explain the effect of a prolonged wet pack in a manner at once so original and acute that I take the liberty of quoting from her book in extenso.

"Sleepiness during the pack," she says, "nearly always occurs in successful cases, and we have found the greatest amount of benefit to accrue when the patient was able to sleep for half an hour after the completion of the pack and massage. If during the first period of the pack we may assume, for reasons already stated, that blood circulates in increased volume and under increased pressure through the nerve centers, and that in consequence the acid fatigue products, which had been maintaining a permanent excitement of nerve elements, could be completely removed, the immediately subsequent

¹ Read before the New York Academy of Medicine, November 7, 1889.

diminution of blood supply, effected during the second part of the pack, cannot fail to be a great advantage. For it lowers the functional activity of the nerve tissues, that has been unduly prolonged, and brings them therefore into the condition which is a necessary preliminary to the beginning of nutritive assimilation. The diminution of the blood supply is not sufficient to interfere with this latter process, for it is not below the point which exists in sleep, the physiological period for nutritive assimilation in nervo-muscular tissues. Accepting Ranke's law for these tissues, "that they are only nourished when fatigued," *i. e.*, relaxed, we may see further—in the muscular relaxation induced by the warm moisture of the pack, a condition most favorable for the nutrition of muscles."

I feel a pride in laying before you these valuable deductions of our distinguished fellow, because Winternitz, who is most ingenious in explaining hydro-therapeutic procedures on a physiological basis, said in his great work: "The metabolic changes in heat abstraction and heat supply are in many directions still enveloped in a thick mantle of obscurity. It would be most desirable to fill up without delay these gaps in our science." This Dr. Putnam Jacobi has done to a great extent.

Investigation made upon the healthy and diseased subject enables us to ascertain the effects of *thermic influences upon the formation of carbonic acid* and the decomposition of albumen, which affords a clue to the changes impressed by them upon tissue metamorphosis. Liebermeister has proved beyond a doubt, that the excretion and production of carbonic acid are increased by cold bathing, the sitz bath, or even uncovering the body in cold air. In a bath of 64.4 the excretion of carbonic acid increases three-fold, and continues for some time. Roehrig and Znutt have shown by experiments on rabbits, that there is also a corresponding increase of the consumption of oxygen in the cold.

These investigations have been confirmed by Finkler on guinea pigs, Duke Carl Theodore on the cat, and by Carl Voit on man. Dujardin-Beaumetz quotes Quinquaud's well conceived and rigorously executed experiments, showing that more oxygen is taken up and CO_2 expelled under cold. He says that they decide the question from henceforth, and we are now warranted in affirming as a physical law, that under the influence of cold the regular consumption is energized and augmented; on condition always, that the refrigeration shall not exceed certain limits and cause depression of the rectal temperature below 30° C. (86° F.) (Leichtendeon-Balneathera.)

But if the cold baths are of long duration and abstract much heat from the interior, we have a diminution in the production of carbonic acid and of the consumption of oxygen.

Carl Voit has proved that to the effect of the cold bath upon certain peripheral nerves, is due the increased decomposition of non-nitrogenous matter in the animal economy. Pflueger, Roehrig, Znutt and Samuel agree with Voit's conclusions, that this increased change takes place in the muscles.

With regard to the decomposition of albumen, how-

ever, as demonstrated by the excretion of urea, Liebermeister affirms that it is not altered by the cold bath, unless the body temperature is greatly depressed. For Liebermeister has shown that the cold bath produces no change in the excretion of urea, unless it lowers the temperature considerably, when decomposition of albumen and fat takes place, as is shown by Carl Voit in the hibernating marmot. Senator's experiments on dogs also showed no change in urea excretion from low external temperature. The hot and vapor baths, on the contrary, which *increase* the temperature of the body, produce an increase of urea, as shown by Bartels, Paunyn and Schleich, and more recently by Godlewsky (Volk. Vort. 332, page 309).

The latter has shown conclusively a decided acceleration of oxidation of nitrogenized substances (nutrient and tissue albumen) which lasts several days beyond the bath, as well as an increased consumption of fat.

Thus we see that the prolonged wet pack of Putnam Jacobi approximates nearly the vapor bath of Bartels, Schleich and Godlewsky, and forms, as is well recognized in hydrotherapy, an intermediary method, capable of almost exact graduation. This is another illustration of the flexibility of hydriatic procedure, and the modifications we also may impress upon tissue metabolism by strictly following the guidance of physiological experiment.

SECRETION.—The effect of hydriatic procedures upon the secretions has been carefully studied in certain directions, since Winternitz said in 1880: "As far as I know, the influence of external thermal applications upon the secretion of urine has not been sufficiently investigated, especially as regards qualitative alteration which the urine undergoes in thermal operations; concerning the question we nowhere find precise answers."

In the same year one answer to the question was furnished in the little book of Dr. Mary Putnam Jacobi, on the "Wet Pack and Massage," which I have quoted already. Her observations made on healthy women, demonstrated that the wet pack is capable of increasing the water in the urine, and also the urea percentage, and in smaller proportions, its extractive and inorganic salts. During the hours following the pack, a movement of compensation occurred, in virtue of which the elimination of both the fluids and solids of the urine fell as much below the average, as it had risen before.

CLINICAL EVIDENCE.—Having in the imperfect manner, for which the time at my disposal is responsible, presented the historical and physiological grounds upon which I base my plea for the practical utilization of hydrotherapy, I proceed to discuss a few clinical points, which may succeed in winning you over to the acceptance of the views advocated.

Unfortunately *experience* has been so often invoked by the empirics upon the subject that the profession has looked askance upon this argument. I propose to limit the clinical demonstration to evidence derived from trustworthy sources, and from my own limited field of observation. I agree with the latest German authority on therapeutics, F. A. Hoffman, who says he does not deal with the disease, but with

the sick man, and who divides therapeutic methods into the direct, which acts by removing the cause, and the indirect, which, by influencing the circulation and nutrition of one or other organ, or the general tissue changes, seeks to remove disease or make it recede. But I would add a third method, viz.: that by which we may so impress the various functions of the body, chiefly through the innervation which governs them all, as to enhance the resisting power of the patient, and thus enable him to escape the dangers, which are known to be lethal. All these methods I propose to demonstrate, may be exemplified to a certain extent in the proper application of hydrotherapy. *Far be it from me*, however, to claim this as a universal remedy, which shall enable us to dispense with drugs. I stand second to no one in high appreciation of the medicinal agents, which the practice and custom of many years have established as reliable and especially of those more modern products of the pharmacist, whose effects have been demonstrated with so much precision. I claim for hydrotherapy only the position of a valuable but an indispensable auxiliary to other treatment.

As I define it, and as I would ask you to conceive it: *Hydrotherapy is the utilization of water at any temperature and in any form* (from ice to vapor), internally or externally, for the treatment of disease. I do not say the cure of disease. By this definition we emancipate it from hydropathy, or cold water cure, and place it clinically in the front rank of therapeutic measures.

We will now proceed to illustrate the three therapeutic methods I have mentioned by clinical evidence, and I propose in this paper to hold my personal experience, as far as possible, in the background, unless I can verify it by reports from other sources, in order to diminish the possible tendency to an over-zealous advocacy of hydrotherapy.

The removal of the cause of disease is not often within the province of physicians, since etiological factors are exceedingly difficult to discover. The modern discovery of the microbic origin of many diseases will, if verified by clinical experience, present a large field for therapeutic labor in this direction. Thus far less has been accomplished in this line than we wish and hope. In the gastric and intestinal diseases of infancy, however, we seem to be on the threshold of its fulfilment. Clinical study has demonstrated that many of these affections are due to the toxic products derived from the micro-organisms which have found their way into the alimentary canal, chiefly through milk food in the summer. To remove these, and to reinstate the gastro-intestinal function, water has been used with great success.

I will not here enter into details upon this subject, which I have fully discussed in the Pediatric Section of the Academy in a paper entitled "The Treatment of Summer Diarrhoea of Infants." I have there gone over the entire ground carefully, and I am glad to note that the same field has since that time been successively tilled by others.

Intestinal irrigation, carefully and thoroughly done with a large Nélaton catheter, with the patient on the abdomen, and by means of a fountain syringe hold-

ing not less than a quart of warm water, has proved the most efficient method of treating several types of summer diarrhoea, even after they had assumed a threatening phase. The literature of this subject is abundant. Dr. Seibert, of this city, has published important results from stomach irrigation alone, and Drs. Ebstein, Baginsky and others have established the purely hydriatic treatment as the most effective.

Another hydriatic method, which acts by removing the cause of disturbance, is the sipping of hot water an hour before meals, in dyspepsia. The hot water craze, which now has taken a firm hold upon the lay public, is but the legitimate outcome of a valuable therapeutic application of water, whose simplicity commends it at once to the judgment of the intelligent physician. Brought into prominence by Dr. Salisbury, who committed the error of most enthusiasts of regarding it as a panacea for most diseases, it has now been adopted by the profession as a most valuable agent in many gastric troubles. By removing the products of fermentation, by cleansing the mucous membrane of mucus, it restores tone and vigor to the gastric lining, and enables the natural forces to come into play. It is important to observe strict compliance with the rule laid down by the originator, viz.: that the water should be sipped as hot as possible, and that an hour should elapse before a meal is taken. Examples of failures due to neglect of this rule are numerous in the experience of all medical men.

The second method of treatment referred to, viz., that which acts by affecting nutrition and tissue change, presents a broad field for the employment of hydrotherapy in its various modifications. To this category belong neurasthenia and other nervous diseases, rheumatism, gout, anaemia and chlorosis, obesity, scrofula, etc. For practical purposes in hydriatic management, I divide neurasthenia into two types: the erethic and the true asthenic. The former is characterized by an instability of the nerve forces, the latter by their enfeeblement. The former is most properly treated by soothing hydriatic measures, such as cool ablutions or prolonged wet packs, followed by the half-bath of 65° to 70° F. once or twice daily. The asthenic form, on the contrary, requires the stimulus from active reaction produced by the impingement of a mass of cold water for a brief period, and the effect is greatly enhanced by general faradization. Between these two extreme types there are intermediate forms, to which the flexible procedures of hydrotherapy adapt themselves admirably.

In no question of therapeutics is a judicious regard for the condition of the patient and the type of disease so important as in the selection of the proper method, temperature, length of time and frequency of repetition.

Mrs. D., aged thirty-three, came to me from Brooklyn; claims to be miserable, nervous and dyspeptic for years; has three children, youngest six years old, and was six months pregnant when she consulted me. I will not bore you with her catalogue of symptoms except to say that pulse was irregular, manner exceedingly agitated, eyes restive; she had no hope of recovery, having been under medical treatment constantly. Severe attacks of palpitation and fright

disturb her sleep. She claims to be unable to digest anything, because all food distends her stomach and produces violent eructations without relief. A full meal of mixed food (some of which she had not tasted for years) was ordered, and four hours later her stomach was washed out. Neither food nor mucus was found. Diagnosis: erethic type of gastric neurasthenia. Ordered aloes and mast. pill at bedtime; constant current (sixteen cells) to epigastrium by negative pole, positive in back; hot water an hour before breakfast; cold ablutions every morning while standing in fifteen inches of hot water, followed by friction. She was entirely restored in one month.

Miss W., daughter of an Ohio physician, aged twenty-three, anæmic, came to me May 15, 1889; ill three years. At first suffered fainting fits at menstrual period; afterwards violent pain in right hand, traversing body and concentrating in epigastrium, for which her father administered morphine for a month. Now her stomach became irritable, and has continued so until the present time. She vomited and spat up her food, more frequently solids. Sea baths did not improve her. She studied hard and got worse. Fall, 1888, lived on milk and farinaceous mush. She had now the stomach washed out regularly. She became emaciated; took peptonized milk for a month, vomited it; tried meat with same effect. Last fall lived on grapes, which agreed with her. Had tonics, pepsin, and all possible medication her father and brother could muster. She was sent to me by Dr. Bosworth after being in the city three weeks without improvement. Vomits every day. Diagnosis: gastric neurasthenia of the pure type. Stomach was washed once a week to remove fermenting material and mucus; general faradization daily; also the wet sheet. She received a brisk rubbing over the dripping sheet (water 60° F.) every morning.

47 E. 60th STREET, NEW YORK.

The Polyclinic.

MONTEFIORE HOME, NEW YORK.

Leo Ettinger, Resident Physician.

SUSPENSION TREATMENT OF POSTERIOR-SPINAL
SCLEROSIS.

IN the early part of this year, when the reported success of Charcot with suspension in locomotor ataxia attracted attention, this method was introduced into the Home by the chief of staff, Dr. Baruch. As the home is intended solely for the treatment of incurable cases, the ataxic patients submitted to the suspension were in the last stages of the disease, and its value was submitted to the severest tests. Eight cases have been treated in the manner to be described. The apparatus used was that of Sayre; the neck and axillary bands were thoroughly padded with cotton batting. The patient was elevated to a height of two or three feet above the floor.

Suspension at beginning of treatment was for about thirty seconds, gradually increased.

The maximum period of suspension was seven minutes. The average was about three minutes.

The symptoms during suspension were slight, and in many cases there were none at all.

The symptoms in one case were very marked, vertigo, feeble heart, pallor, vomiting and faintness, compelling cessation of treatment.

The results of the treatment were marked in the majority of cases, as evidenced by relief of pains and incoördinate movements, disappearance of the sensation of constriction around the waist, and nutrition was improved. The following cases were systematically treated by suspension, and their prominent symptoms are briefly given with result of treatment:

CASE I.—Very marked case, incoördinate movements very severe, could not stand at all, severe pains and constriction around waist. Was suspended daily. Pains relieved, waist constriction totally gone, can stand for a few minutes to be dressed, incoördinate movements much less marked.

CASE II.—Very bad case, had no pain, but restless incoördinate movements, had a sense of restless nervousness. Movements have been less restless, and nervousness relieved by suspension.

CASE III.—Female, severe pains, could only walk when supported on both sides, incoördinate movements, paræsthesia, band constriction of waist.

Suspended an average of five minutes with relief; pain, paræsthesia, general nutrition improved. Can walk around ward by supporting herself against wall.

CASE IV.—Suspension cured bad symptoms noted above, treatment stopped.

CASE V.—Nutrition improved by suspension, but no other effects, bears it well.

CASE VI.—No ataxia, but very severe pains, materially relieved by suspension.

CASE VII.—Amaurosis marked symptom, no changes produced by suspension.

CASE VIII.—Same as case VII.

—K. B. P.

MEDICO-CHIRURGICAL HOSPITAL.

MALARIAL CACHEXIA WITH FEVER.

M R. —, age thirty-one, and a sailor by occupation, came into the hospital suffering with syphilitic rupia on the leg. This had nearly healed, but on October 16, 1889, in the middle of the day his temperature was found to be 102.5°; the same evening 103°; next morning 100.5°; evening 102.5°. This morning it is 101°. There is no intermission in the fever so far. An inflammation of the lungs or pleura might cause this, but it is not the cause here. On the other hand, among the continued fevers we have two that are prominent, typhoid and remittent. There are also simple continued fevers common in children, due to exertion, digestive disturbances. In diseases of zymotic character, the local lesions may be so slight as not to attract attention. Tonsillitis causes it. I do not find any evidence of organic inflammation or joint affection. It is not local or rheumatic. It may be malaria or typhoid then. The history is in favor of malaria, as fifteen years ago he had it severely, and has been subject to it at times since, and this is the time of the year that it usually asserts itself. I saw a case of obscure malaria at a health resort in the mountains. The boy took a fever that increased each day, and chills soon developed. There

was no malaria at his home, but I found that in going to the resort the train was delayed all night by the bank of a stream, and doubtless here is where the disease was contracted.

Now in addition to the fever in the patient before us there is marked jaundice. Conjunctiva is stained with bile, and the surface of the body is markedly discolored. About two years ago the jaundice first appeared. He gives the ordinary history of catarrh of the bile ducts. At present the stools show no deficiency of bile, but the urine is full of it, indicating an excess of it in the blood. I can not learn that it has been worse since he came into the hospital. The fever has nothing to do with the jaundice. There are several points that suggest typhoid—the dull look; the poor appetite; the coated tongue, and the tumid abdomen, which is not distinctly tympanitic, however. There are two fluid stools a day, that may be due to a dose of salts. There is no tenderness or gurgling. The spleen was enormously enlarged. There is no epistaxis, cough or delirium. I think then we may safely call this a malarial form of continued fever. He has been given quinine hydrochloras gr. xx every day since the onset, and as a result of this there is now a decided shrinkage of the spleen, and the fever is decreasing each day. Give in fever a light nutritive diet without meat. Bathe the skin each day. I might have given this man antipyrine, but I do not see any reason for deserting an old and tried remedy for a new and untried one. We know more about quinine and its action than of the newer remedies and I do not know of anything that will do as much good. This man's syphilitic history has no bearing on the present condition.—*Woodbury.*

PHILADELPHIA HOSPITAL.

CONGENITAL SYPHILIS.

THIS baby developed coryza, or snuffles, one week after birth, and after this there appeared an eruption and desquamation, which has a peculiar metallic appearance, and is confined to the upper extremities. The clinical history reveals congenital syphilis. Children suffering from this affection are usually born dead, or die in thirty-six hours after birth, from pneumonia or other lung trouble. The child may be born apparently healthy, but will develop the eruption in one to three weeks. After careful study, it is shown that the administration of calomel, gr. $\frac{1}{16}$ to $\frac{1}{2}$, with a little soda twice a day, will do much more to remove the eruption than any other remedy you can employ. If this should irritate the stomach, use inunctions. Keep the child under constant treatment for three years, and alternate the mercury with iodide of potassium. Give a good diet, with careful treatment, and in the majority of cases you can free the child from the hereditary taint. Another point: a syphilitic baby can never infect its mother by nursing at the breast.—*Hirst.*

INFANTILE MAMMARY ABSCESS.

Here is a baby that presents an enlargement of the breast with a tendency to secrete milk. For a time we feared an abscess, but I think the danger is now past. About four days after birth appears an enlarge-

ment of the child's breasts, with a secretion of milk, irrespective of the sex. Occasionally this functional activity of the child's breasts becomes enormously increased, and in some cases mammary abscess results. In the first stage of the trouble use lead water and laudanum, as it is almost a specific, and in most cases it will abort an apparent abscess. If it continues to advance, use a poultice, open upon the first indication of pus, and treat accordingly.—*Hirst.*

PELVIC ABSCESS.

This woman the mother of several children, has been in ill health for some time, with a tendency to metrorrhagia and pain in the left iliac region. The pain is increased by motion, and relieved somewhat by lying on the back. These symptoms indicate some old pelvic inflammation which has left cicatricial bands or pockets of pus in the pelvic region. The uterus is normal in size and position, but behind it there is a fluctuating tumor the size of an egg which is sensitive. I also find surrounding edema. This is a pelvic abscess. With such a history we must look for some specific cause. It may be of septic origin following labor; but in this case we obtain a clear history that before the birth of her last child she had a discharge from the vagina which was evidently gonorrhoeal. In patients of her class the only cure is the removal of the diseased structures by laparotomy.

—*Hirst.*

DYSENTERY.

The patient, a Hungarian, walked here from the coal regions three months ago, and while on his way was taken ill with dysenteric symptoms, and passed frothy blood of a light scarlet hue. On admission he had pain in the back and lower part of the abdomen, with tenesmus. One week ago his right parotid gland became swollen, and was so much distended that he could scarcely open his mouth. This is the end of his course of dysentery. The parotitis is due to a change in the blood which occurs in typhus, typhoid, pneumonia, and other diseases of like character. It comes on when the patient is much run down. If it occurs in a man who is very weak from prolonged illness it is very serious, but in this case it is not. Before the swelling passes off there will be an abscess in this case; but there are many cases in which the swelling subsides in a couple of weeks. In an epidemic of cerebro-spinal meningitis some time ago, I had seven cases of parotitis, and in one the whole gland sloughed away. This patient has a slight elevation of temperature. In the first place he was given thymol, gr. v, every hour, with lead, opium, bismuth, pepsin and quinine. The gland was painted with iodine. In the treatment of dysentery you will find that that class do well under the saline treatment where there is a mild inflammation; but where the case is severe you must take a more defined course of treatment. Poultice the gland to bring the abscess to a head and then open it antiseptically.

—*Curtin.*

Two drops of creosote made from beech tar, given with a little water, is a specific for hiccup arising from drunkenness.—*Ind. Pharm.*

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Dec. 14, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.
I. N. LOVE, M.D., Editor for Missouri.

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THE HEALTH OF PHILADELPHIA.

THE relative danger of death from the diseases most prevalent in Philadelphia may be judged from the following extracts, from the weekly report of interments:

Pulmonary consumption	53.
Inflammation of the lungs	33.
Heart disease	26.
Diphtheria	16.
Cancer	16.
Inflammation of the brain	14.
Croup	13.
Old age	13.
Convulsions	12.
Apoplexy	11.
Inanition	10.
Inflammation of kidneys	10.
Scarlatina	9.
Casualties	8.
Marasmus	8.
Typhoid fever	7.

Diphtheria and croup are on the increase, and the fact that they grow more prevalent at the same time is another proof of their common origin. The occurrence of sixteen deaths from cancer is probably due to the fact that at this season many such patients come to the city for treatment. In our news notes it will be seen that diphtheria continues to be reported in many places through the country. The continued rains have occasioned an unusual prevalence of catarrhal affections, which do not appear upon the mortality tables. It would be gratifying to those interested in medical climatology, were physicians to report all the cases they were called upon to attend, whether fatal or not.

Public attention is still occupied with the prevalence of typhoid fever, to an extent out of all proportion to the importance of the disease at present. If the attention given to the subject of the transmission of typhoid fever by drinking water were transferred to that of the transmission of tuberculosis by food products, much good would result.

We have already shown that the small number of typhoid cases is inconsistent with the theory of infection through the water-supply; and the continued decrease shows that this conclusion is correct, as the water-supply is unchanged. It is probable that the improvement is due to the attention of physicians generally being directed to the management of individual cases. It is in the power of every physician who attends a case of typhoid fever to absolutely prevent it from becoming a source of further infection, and this is an individual responsibility which cannot be shifted to the shoulders of the municipality; not even if the physician is not a "believer in bugs." The world still waits for the final extinction of smallpox, until the last man shall have been convinced of the efficacy of vaccination. With typhoid, there is less excuse for unbelievers, as the measures required to prevent infection are not in any way harmful to the patient. An ideal hygiene of the patient, his sick-room and attendants, with the destruction by fire of all excreta and contaminated articles, is not difficult, unduly expensive, or in any way objectionable; and whether the physician in attendance believes in the infection or not, the evidence is strong enough to warrant him in keeping on the safe side by employing the proper precautions.

This individual duty the *TIIMES AND REGISTER* has persistently held up to the physicians of Philadelphia, and we fully believe that to the recognition of this obligation is due the gratifying decline in the number of typhoid cases. Not that the danger has been at any time very great, for a study of the records of the Health Office shows conclusively that the ratio of deaths to the population in this city is declining as the city grows larger. In fact, there are sufficient grounds for the belief that the persistent agitation of this subject is not solely due to solicitude for the public welfare; and that the efforts of certain persons to discredit the Schuylkill water and impose upon it a condemnation, which is at variance with the evidence in the case, are probably due to their willingness to become the builders of a mighty aqueduct, reaching from the Delaware above Trenton to this city. The fact that the water of the Delaware above Trenton contains more organic matter than that of the Schuylkill at Philadelphia is studiously ignored; this being a most effectual method in dealing with awkward facts. And yet before spending the huge sum of thirty or more millions of dollars, these lovers of the public weal might well bestow a little consideration upon such an important matter. We are not prepared to say that thirty millions is too large a sum to be expended in securing a supply of pure water for this great city; but it is assuredly too much to invest in that which is worse than what we have now. The great increase in taxation thus necessitated, an increase which would be felt by every one, rich and poor alike, who would be required to pay higher taxes or rents, would be but poorly compensated by the increase of wisdom coming from such

dearly-purchased experience. It is a matter of satisfaction to note that we have in Mayor Fitler an executive, and in the *Public Ledger* a representative journal, which refuse to be led away by popular clamor, and persist in guarding the public interests. Too frequently it occurs that the direct monetary interests of the few have advocates in plenty, while those of the vast majority, whose interest is but small or indirect in the case of each individual, though infinitely greater in the whole, fail for lack of representation. The difference in the men who take the one side or the other is simply that between the politician and the statesman.

With much regret we note that several Philadelphia physicians, whose professional and moral standing lifts them above the suspicion of interested motives, should have chosen this inauspicious time to make public a manifesto directed against our water supply. After keeping silent while typhoid fever was prevalent, why advert to it now, when the disease is declining? The terms in which their communication were couched, were so extravagant as to bring ridicule upon the profession of which these gentlemen are distinguished members, in the eyes of all persons who are conversant with the facts of the case. If one may read between the lines, this communication was gotten up by some person who is interested in the aqueduct scheme, or who desires to make political capital out of the Mayor's opposition thereto; and the signatures of these eminent men were adroitly secured by appealing to their interest in the public health. It could not have resulted from a mature study of the case—its causes, etc.—for such a diagnosis could not have led to the letter to the Board of Health. As the signers are among the busiest of our city doctors, it seems unlikely that any one of them took the time to study the subject before affixing their names to that singular document—which the impartial critic must pronounce ill-timed, unnecessary, and calculated to do much harm to the business interests of the city—by creating the impression that the disease in question is much more prevalent than is really the case.

JOURNALISTIC VERACITY.

A honest writer in one of the foreign journals begins his article with these words: "It is with the most profound consternation that I have to report these five cases of death, due, without any doubt, to the treatment employed by me." We congratulate the journal in which this article appears for having the support of so straightforward a contributor, and we congratulate the latter upon the possession of so true a spirit for scientific inquiry and investigation. It is unfortunate that five deaths should have occurred, even though science may have been advanced a degree by the same; but it is a noble disposition in a man who, having been unfortunate in losing his own cases, is independent enough

to hold forth his own mistakes as a lesson to his professional brethren. Such a mind is of the true scientific cast, and its possessor is bound to adorn his profession if he be industrious and is wise enough to learn of his own errors as well as indicate them to others.

One of our contemporaries comments upon this honest admission by saying that "not many would have the courage to do so in such a blunt fashion." Just here is one of the darkest spots on medical literature as a representation of scientific thought and inquiry. Our medical journals are filled with articles and notes reporting wonderful cures and unvarying successes. Scarcely a new drug is thrown upon the market before the columns of the periodicals are filled with the marvellous results of its administration. At rare intervals someone will be courageous enough to relate a misfortune arising from its use; but it is amusing to note how such misfortunes are always patched up with explanations and extenuations to relieve the doctor of all blame. The organ of a school, clique, or single individual rarely contains anything of a detrimental character concerning those whom it represents. This, of course, deprives the said journal of all value, and lies pretty close upon the borderland of quackery. At all events, it is not as it should be when the journal is posing as the unbiased organ of science. We have knowledge of papers being declined by certain journals, though containing matter of the highest scientific merit, simply because the authors were not of the same "set" as the editor and his friends; and we have seen articles not worth the ink they were printed with inserted in those same journals, simply because they advertised some one or more members of the "set." Favoritism is an outrage upon science, and every man who is interested in the good of his profession at large should exert all his influence to crush it out of existence and protect his calling from such a stigma.

So long ago as the sixteenth century Bouchet lamentably asked: "Is it not strange that doctors lie so often, and that it is allowable for the profession to lie?" In no occupation in life is secrecy granted to so great an extent as in that of medicine; and yet in none, perhaps by reason of the great issues involved, ought it to be less so. The preacher, the lawyer, the actor, the mechanic must always display their work before the public, or at least their *frères*; but a physician may sit and watch in secret over a dying patient, and when he emerges from the sick room none can tell whether his treatment were not the result of the grossest ignorance. A certificate of death is given to the family, and the doctor goes to his society to report or not, as he pleases, the case patched up and explained according as his own sweet will dictates. Let anyone compare the statements which he hears, when in conversation with general practitioners, in regard to the results of their treatment, and see if they harmonize with the almost

universal good fortune which one reads of in the society reports and columns of the journals.

Are we too cynical, and too harsh upon our own beloved profession? We hope not, for we are speaking in all sincerity and with a desire to see medicine advanced to a still higher degree of success. We desire to see medical journalism the true exponent of scientific thought and investigation, which it can only become by the strictest adherence to unbiased truth, by the report of failures as well as of successes. Often we learn more from the former than the latter, and a contributor who selfishly withholds his errors merely to enhance his own credit, is not a true lover of his art and science; nay, more, he is robbing his fellow-practitioners—and mankind at large—of that knowledge which would prevent them from falling into the same errors. Let us not be slow in honoring scientific integrity, independence, and love of truth for its own sake, and there is no question but that, in a short time, all the isms of quackery will be made to disappear, and true medicine will achieve even grander results than it has in the past.

THE CODE OF ETHICS IN GERMANY.

OUR Teutonic confrères have long maintained—and with justice, too—that they do not require a code for their guidance, because the ranks of the profession are recruited from educated men, whose chief aim in life is scientific advancement. It seems, however, that the strife for pelf has invaded those ranks, and that now it becomes necessary to formulate rules for the government of medical bodies. We find an excellent reproduction of the American Code of Ethics in the District Association of the City of Dresden.

How familiar the following headings read:

I. Duties of physicians towards each other, and towards the profession in general.

II. Of consultations.

III. Duties towards patients of another physician.

The following, however, is an innovation of the American Code:

IV. Committee of Honor.

§ 19.—For the decision of disputes between members, and for the maintenance of the rules, a Court of Honor is instituted. This Committee consists of seven members. 1. The President or Vice-President. 2. Four members, chosen annually for the purpose, with substitutes. 3. Two confidential friends, selected respectively by the disputants. The rules of the Committee are admirably adapted for the settlement of all disputes between members, with the right of appeal from the decision to the Minister of the Interior, after the Society has voted upon the report of the Committee of Honor.

We regard such a committee as a valuable innovation, which would certainly tend to diminish public discussions of grievances, and thus prevent the lowering of respect for our calling, which such disputes

invariably bring in their train. A recent glaring illustration was furnished by the scandalous acrimonious newspaper contention between two eminent members of our profession, which was witnessed with pain and humiliation by every physician who has the good name of his profession at heart.

Annotations.

WOMEN IN MEN'S DRESS.

“**W**HETHER¹ as the world grows wiser, women will eventually adopt men's dress, or wear it and womanly attire interchangeably, according to the occasion, is a question. Those who are ready to cry 'Impossible,' should study the masculine dress of men only a century ago. After centuries of brilliant dressing among those whose income allowed of it, the sterner sex has turned to attire of simple cut and sober colors. That there is a tendency among women to assume male attire, as more convenient or as a disguise, the many newspaper accounts of women discovered in coat and trousers, which in some instances they had worn for years without betraying their sex, sufficiently evinces.

“Several distinguished women have dressed as men. Rosa Bonheur, the painter, works in full male attire and resumes her petticoats in the evening. Louisa Lawson, the sculptress, finds it convenient to wear trousers and coat when at work. Sara Bernhardt, in her studio, assumes a black velvet suit of clothes, in which she is conscious that she looks very charming. Mme. Dieulafoy, the French explorer and scientist, who has done so much to increase our knowledge of Persian archæology, also looks much more coquettish and winsome in the costume she adopted while journeying in strange lands, than in the skirts which she wears in Paris. Indeed, even in Paris, her only return to feminine costume is in the substitution of skirts for trousers. The coat and vest, the shirt, collars, and cuffs are retained. When travelling she disguises herself in a loose and long paletot. But one sees the woman in the feet and ankles, the hands and wrists, the pretty throat, and the small ears. Her light brown hair is cut close.”

Now that woman has entered the labor field to battle in the struggle for daily bread, the question of the most suitable dress for her working hours deserves some attention. We call ourselves a practical nation, and affirm that this age is distinguished above all that have preceded it for its materialistic, utilitarian tendencies. Yet every accident in which a woman's long skirts cause her to be whirled into death by catching in the machinery, is an evidence that if our claims be true, we have advanced but a lamentably short distance in the study of the fitness of things. The long skirt is of the drawing-room, where woman is a thing of grace and beauty; where she receives the respectful homage of the coarser sex. But in the factory, she is but a worker, like the man; and her dress should assuredly be that which is best

suited to her occupation. In the streets, too, there are many occasions when convenience, health, and security would be enhanced by the adoption of male attire. The failure of the "Bloomer" movement was due to the mistaken idea of its originators, who endeavored to render the costume popular, or fashionable, by putting it upon the market when there was no necessity for it. Should such a movement be started now, beginning where the need is most obvious, in the factories, it might have a better chance of success.

AINHUM, A BRAZILIAN DISEASE.

AINHUM was first systematically described by a Brazilian surgeon as attacking colored races in Brazil. The merit of its actual discovery, as Dr. Radcliffe Crocker and others have pointed out, is due to Dr. Clarke, who described the disease before the Epidemiological Society in 1860, as a dry gangrene of the little toe among the natives of the Gold Coast. Dr. Da Silva, Lima, however, described ainhum as a disorder long known as existing among Africans and Creoles in South America, first writing about it in the *Gazeta Medica de Bahia* in 1867. Ainhum consists in hypertrophy and degenerative changes in the little toe, a constriction forming and slowly becoming deeper until the digit is amputated, spontaneously or otherwise. The disease is often symmetrical, and may last for years. It is now known that the fourth, or even the great toe, may be affected, and Egles describes a case where a finger was attacked. It is frequent near Bahia, and also occurs in the Southern States of America, the West Indies, the West Coast of Africa, India (where Hindoos are also liable to the disease), Réunion, and Nossi-bé. M. Cogues has described a case of ainhum, which occurred in Madagascar, in the March number of the *Archives de Médecine Navale*. The pathology of ainhum is obscure, and although spontaneous amputation of digits is a feature in some forms of leprosy, it is by no means certain that the two diseases are closely allied.

British Medical Journal.

Letters to the Editor.

RUPTURE OF THE UTERUS DURING LABOR.

ON Friday morning, November 22, 1889, I was called, about 9 A. M., to see Mrs. B. G., in labor with her seventh child. Oldest child was eleven, youngest two years. Mrs. G.'s weight was nearly three hundred pounds. I attended her in previous confinements; the labors were always natural and not very tedious.

On first examination, about 9.30 A. M., I found the os slightly dilated and pains not severe. About 12 M. the patient went to bed, the pains having become more severe and the os well dilated, with the vertex presenting to the left. About 12.30 the membranes ruptured, the head engaged in the superior strait. At 2.45 rotation had taken place, the head entering the inferior strait.

At this time, as the pains were growing weaker, I gave her one teaspoonful fl. ex. ergot, which had no effect on the pains. In about fifteen minutes Mrs. G. turned from the right to the left side, and immediately back again, when she complained of violent pains in the epigastric region, and stated that all the labor pains had ceased. On making an examination I found that the head had receded, could not be felt at all, and that there was considerable hemorrhage. At once I concluded there was a rupture of the uterus. I sent for Dr. Jos. Thomas, in consultation. On his arrival, we decided to turn and deliver, if possible. On introducing my hand I grasped a foot without any difficulty, and delivered the mother of a child and placenta. I felt convinced that the child must have been in the abdominal cavity, as there was no resistance in turning from contraction of the uterus. It was a very large child, weighing about twelve pounds. There was scarcely any hemorrhage after the delivery. As Mrs. G. was still complaining of severe pain in the epigastrium, I gave her one-half grain morphine, which was repeated about midnight, when the pain ceased, and she rested comfortably until morning, when I relieved the bladder by catheter, and gave a vaginal injection of sulphocarbolate of zinc. The pain came on again and I gave her morphine, which was then repeated at intervals until the end.

During all this time the pulse was good. Saturday night I used the catheter again, after which she passed urine voluntarily. Sunday morning she had some fever and thirst; the temperature was 101; the pulse quick; the breathing labored. From this time on she grew gradually weaker, and the pain continued until death came to her relief, on Monday at 6 P. M.

There are several remarkable features in connection with this case beside its rare occurrence. There was no vomiting, nor any sudden shock or sign of collapse; the hemorrhage was slight; neither did the patient have the slightest indication of chill at any time. After death there was an enormous discharge of blood from the vagina. On Tuesday afternoon Dr. Thomas and I made an examination, and found every evidence of peritoneal inflammation. The abdomen contained much coagulated blood and serum. The uterus and vagina were found to be lacerated in the posterior median portion to the extent of about six inches. The uterus was healthy, as well as the walls of the vagina. As to the cause of the accident, I feel confident that it was the turning in bed, in conjunction with her great weight and the large size of the child. As the ergot did not increase the severity of the pains, I feel satisfied that it could not have had anything to do with the accident.

W. H. MEREDITH.

QUAKERTOWN, PA.

HEROIC treatment of retention of a decomposing placenta after a four months' abortion, is reported by Roosenburg, who extirpated the uterus per vaginam, after failure to remove the stinking mass.

—Int. Klin. Rundschau.

Society Notes.

THE SOUTHERN SURGICAL AND GYNÆCOLOGICAL ASSOCIATION.

Second Annual Meeting held in Nashville, Tennessee, November 12, 13, and 14, 1889.

NOVEMBER 12.—FIRST DAY.—MORNING SESSION.

[Concluded from page 762.]

DR. B. E. HADRA, of Galveston, Tennessee, read a paper entitled

THE OPEN ABDOMINAL TREATMENT,

in which he said that abdominal surgery, notwithstanding its immense progress, has not as yet given even a moderate degree of satisfaction in acute, diffuse, septic peritonitis. Chronic infectious processes offer much better prospects for surgical interference, such as tuberculosis, actinomycosis, and the recently described microbic peritonitis of as yet unknown origin.

The points making the diffuse septic peritonitis are:

1. The extensive area of peritoneal surface, with its enormous power of resorption of the poisonous fluid.
2. The active secretion into the sac, thereby furnishing cultivating fluids for the germs.
3. The ready absorption by the lymphatics of the diaphragm.
4. General distribution of the poison by intestinal peristalsis.
5. The infection of the intestinal walls from without, and the additional infection of the peritoneal cavity by transudation and immigration of germs from the inside of the bowels.
6. Distention of the bowels increasing the pressure and resorption.
7. The impeding effect of this latter condition upon respiration, defecation and secretion of urine, leading to systemic poisoning by retained products of oxidation.
8. In perforative cases the contamination by faecal matter; in stab and gunshot wounds by other impurities, bile, urine, etc., and, above all, contaminated blood.

The indications for treatment—besides supporting the patient's strength, relieving suffering, giving proper action to the bowels, kidneys (in short, besides the general medical treatment, are:

1. To remove the obnoxious material—germs, faecal matter and urine.
2. To prevent its new formation or a repetition of its entrance. The sac should be kept dry, to deprive the germ of its soil. The breaks have to be mended so that the channels of contamination may not lead to the outside.
3. To prevent the bowels from distributing the poison throughout the whole cavity.
4. To counteract pressure and suction, in order to prevent resorption of the poison.
5. To prevent infection of the peritoneum and the bowel.

6. To relieve pressure in order to avoid disintegration and paralysis of the different structures.

7. To free respiration, defecation, and urination, with tympanites, as developed.

DR. L. S. MCMURTRY, of Danville, Kentucky, read a paper on

TWENTY CONSECUTIVE CASES OF ABDOMINAL SECTION.

The series of cases comprised the first twenty abdominal sections performed by him, and illustrated a variety of pathological conditions and diverse complications. All these cases were in private practice, and, with two exceptions, all the operations were done at the homes of the patients. Two cases were treated as private patients in a well appointed hospital. In many cases operative treatment was only accepted after all ordinary and so-called conservative measures had been exhausted; and in several cases the operation was only accepted when the patient's condition was regarded as hopeless by physician and family. In no case, however, desperate or complicated, was an operation refused.

Dr. McMurtry said thorough work, irrigation, and drainage, all conjoined, give the only basis of success in the cases reported. In a number of his cases he had operated in the midst of active peritonitis, with vomiting and tympanites. In this condition of affairs he had witnessed the most gratifying results from persistent and oft-repeated exhibition of calomel, dropping two or three grains on the tongue every hour until the bowels were freely moved. Increasing experience has impressed him more and more with the difficulties of abdominal work, and makes him less confident of meeting often with simple cases.

He closed his paper with a plea for earlier interference in abdominal diseases. When operations are done in good time, before emaciation and exhaustion come, and before repeated attacks of peritonitis have complicated the comparatively easy task for the surgeon, then will the surgeon's results excel even the brilliant records of the present time.

DR. RICHARD DOUGLAS, of Nashville, read a paper entitled

COMPLICATIONS OCCURRING IN THE CLINICAL HISTORY OF OVARIAN TUMORS.

The papers of Drs. Hadra, McMurtry, and Douglas were discussed at length by Drs. Potter, Roberts, Stone, Wathen, Engelmann, Hardon, Haggard, Lydston, Cunningham, Brownrigg, W. E. B. Davis, and discussion closed by the essayists.

EVENING SESSION.

DR. G. FRANK LYDSTON, of Chicago, Illinois, read a paper on

TROPHO-NEUROSIS AS A FACTOR IN THE PHENOMENA OF SYPHILIS,

in which he called attention to the relation of disturbances of the trophic function of the sympathetic nervous system, which the author claimed were the essence of all the phenomena of syphilis. He said: "The relations of certain syphilitic phenomena to organic or functional disturbances of the nervous system, and particularly the sympathetic system, are

manifested here and there along the whole line of morbid phenomena developed in the course of the disease. Syphilitic fever is undoubtedly dependent upon the action of a special poison upon the sympathetic nervous system. From what we know of the trophic functions of the sympathetic, we are justified in inferring that the majority of fevers are dependent upon the action of a specific poison upon the sympathetic ganglia. The syphilitic poison may produce disturbances of the sympathetic with perversion of tissue metabolism and excessive production of heat. The inconstancy of the syphilitic fever is explicable upon the ground of idiosyncrasy. The syphilitic roseola has been demonstrated to be an exception to the rule that syphilitic lesions are due to a collection of proliferating cells. It is due to vaso-motor disturbance, with resulting dilatation of capillaries. This nervous disturbance is dependent upon the impression of the syphilis poison upon the sympathetic ganglia. The accumulation of cells in the more pronounced lesions of syphilis is simply an exaggeration of the normal process of tissue building. As is well known such tissue building is presided over by the filaments of the sympathetic nerves."

The symmetry of the peripheral phenomena of syphilis is suggestive of some causal condition affecting the central nervous system. As an illustration of the manner in which a nerve lesion could produce disturbed nutrition the author mentioned herpes zoster. Some of the lesions of syphilis which are difficult of explanation upon mechanical grounds, *i. e.*, upon the theory of localized cell accumulation, are readily explicable by central or local nervous disturbance. For example, the alopecia of syphilis is similar to that which occurs in other diseases, as a consequence of local and general malnutrition, incidental to disturbed nervous supply—as, for instances, alopecia areata, the alopecia produced by fevers, and the alopecia produced by neuralgic affections of the head. That the nutrition of the hair is profoundly affected by nervous disturbances is shown by the result of fright in producing blanching of the hair.

One of the principal arguments in favor of the theory that tropho-neurosis is the foundation of syphilitic processes, is the peculiar action of the disease when it attacks certain parts, syphilis seemingly possessing the power of dissecting out definite portions of osseous tissue (apparently by cutting off their nutritive supply) in a manner as cleanly as it can be done by the knife. Thus the speaker has in his possession specimens of the intermaxillary bone, portions of the alveolar process of the maxilla, the palatal and nasal processes of the superior maxilla, the malar and ossa nasi, which became necrosed and were removed from cases of late syphilis. These fragments present as natural a conformation as in their healthy condition. The ordinary explanation of destruction by pressure of syphilitic exudate will not suffice in these cases. If they be observed carefully it will be found that the first symptoms experienced by the patient are like those due to the presence of a foreign body, *i. e.*, dead bone in the tissues. If pressure were the cause of the necrosis the death of the bone would be preceded by more or less painful swelling and inflammation.

He claimed that all of the pathological processes incidental to syphilis are due to disturbances of nutrition produced by the impression of the syphilitic poison upon the sympathetic nervous system, and that it is immaterial to the cogency of this theory whether the poison of syphilis be a microbe, bacillus, degraded cell or chemical poison. If any attempt has been made to show that tropho-neurosis is the basis of all syphilitic phenomena, the author is not aware of it.

THIRD DAY—MORNING SESSION.

DR. JOHN BROWNRIGG, of Columbus, Miss., read a paper on

GUNSHOT FRACTURES OF THE FEMUR,

in which he discussed the class of cases requiring amputation, and those in which a more conservative course should be pursued. He exhibited several appliances devised by himself.

DR. HUNTER MCGUIRE, of Richmond, Va., read a paper on the

TREATMENT OF CYSTITIS IN WOMEN,

which was followed by a paper on the

TREATMENT OF CONTRACTED BLADDER BY HOT WATER DILATATION,

by DR. I. S. STONE, of Lincoln, Va.

During the past few years certain protracted cases of cystitis, occurring chiefly in women, have been observed by Dr. Stone, which have resisted all known forms of medical treatment and necessitated some surgical or mechanical measure of relief.

He describes the manner of dilatation as follows: "The patient is given morphine sulphate, gr. $\frac{1}{4}$, atropine sul., gr. $\frac{1}{10}$ hypodermically. She is placed on her back on a table for convenience, although it would answer to arrange the bed with the patient thereon to suit the operator. A soft catheter is at once inserted into the bladder, and, after the urine has escaped, hot water (temperature 110°) is thrown into the bladder until the patient will no longer bear it. This is allowed to escape and is measured, giving the full size of the bladder in its present condition. As the morphine gradually becomes absorbed, the patient will bear still further distention, each time perhaps one drachm may be added to the capacity of the bladder. I prefer using a rubber-ball syringe holding two to four ounces. The pressure of the hand is safer than that of the tube or funnel, or any instrumental gauge, as the patient generally is unable to resist the tendency to strain, owing to tenesmus produced by the expansion. As each *séance* should continue thirty to sixty minutes, the bladder may be filled and emptied many times, and at first the operator must be well satisfied if the gain is only one or two drachms in a bladder whose capacity is perhaps only two ounces. As the patient becomes fully under the influence of the morphine, the water may be increased in temperature to 120° or 125° F. The very best effect follows its use when it is at this temperature."

These papers were discussed by DR. LYDSTON, DAVIS, ENGELMAN, ROBERTS, BROKAW, HADRA, and closed by essayists.

DR. BEDFORD BROWN, of Alexandria, Va., read a paper entitled

REMARKS ON CERTAIN OBSCURE AND MINOR FORMS OF PELVIC CELLULITIS SIMULATING MALARIAL FEVER.

By referring to his note-book he found some twelve cases of pelvic cellulitis, some of a grave and others of a minor form, but all so very obscure in their manifestation of the presence of local lesion as to be well calculated to mislead and to cause a mistaken or false diagnosis to be made of malarial fever. There was nothing in these cases to call the attention to the pelvic organs. He has, in a number of instances, seen those cases run their course from beginning to end without manifesting the first symptoms of local disease in the pelvis, so that the resemblance to malarial fever was very nearly complete.

DR. JOSEPH TABER JOHNSON, of Washington, D. C., presented a paper entitled,

OBSERVATIONS BASED UPON AN EXPERIENCE OF SEVENTY-TWO MISCELLANEOUS ABDOMINAL SECTIONS.

Of this number, 29 were for the removal of ovarian tumors, varying in size from one to sixty-four pounds; 26 recoveries, and 3 deaths; 29 cases of removal of the uterine appendages, with 27 recoveries and 2 deaths; 7 supra-vaginal hysterectomies for large uterine fibroids, with 3 recoveries and 4 deaths; 1 Caesarean section, death on the tenth day; 1 cyst of the kidney, weighing seventy-four pounds, died of exhaustion; 1 fatal case of extra-uterine pregnancy, operated on six weeks after rupture, general peritonitis, with pulse 150, temperature 103, for the week previous; 1 fatal case of general abdominal cancer, 3 exploratory incisions, all recovered. Total, 72 laparotomies, with 59 recoveries and 13 deaths.

Of the 58 ovarian operations, the first 3 deaths were the second and third and fifth of his series. In the last 52 ovarian operations there have been only 2 deaths—one of these was from tetanus, occurring on the fifteenth day after operation, when everything indicated a perfect recovery. The other was an insane patient, who had been four years in an insane asylum on account of nymphomania. She could not be entirely controlled, and her efforts to get out of bed set up inflammation about the abdominal sutures, causing an abscess, which burst internally and caused death.

Dr. Johnson emphasized the statement that experience in operating was nowhere so valuable as in the abdominal cavity; that the "unexpected" was so often found, that many cases would be lost if the operator was not prepared for, and equal to, the emergencies as they "unexpectedly" arose.

The following papers were read by title:

1. Puerperal Eclampsia, by John Herbert Clai-
borne, Petersburg, Va.

2. Laparotomy in Intestinal Obstruction, by Cor-
nelius Kollock, A.M., M.D., Cheraw, S. C.

3. The Causes of Frequent Failure of Relief of
Reflex Symptoms After Trachelorrhaphy, by W. F.
Hyer, M.D., Meridian, Miss.

The following officers were elected: President, Dr. Geo. J. Engelmann, of St. Louis, Mo.; First Vice-President, Dr. B. E. Hadra, of Galveston, Tenn.; Second Vice President, Dr. Duncan Eve, of Nashville, Tenn.; Secretary, Dr. W. E. B. Davis, of Birmingham, Ala.; Treasurer, Dr. Hardin P. Cochrane, of Birmingham, Ala.

On motion, the Association adjourned to meet in Atlanta, Ga., second Tuesday in November, 1890.

AMERICAN PUBLIC HEALTH ASSOCIATION.

DR. BENJAMIN LEE, Secretary of the State Board of Health, drew the following conclusions at the end of a recent paper, read by himself, upon the question,

DO THE SANITARY INTERESTS OF THE UNITED STATES DEMAND THE ANNEXATION OF CUBA?

1. The exigencies of traffic and travel render rapid and constant communication between the United States and Havana a necessity.

2. Havana is one of the most notorious breeding places of yellow fever, and is never free from its presence.

3. The only means by which the germs of this disease can be eradicated are a proper system of sewerage and drainage, which shall deliver the filth of the city at a distant point into the waters of the ocean, and the removal of all the feculent soil.

4. There is no hope that the Spanish Government will ever undertake a work of this magnitude for a dependency.

5. The introduction of yellow fever into the United States through both legitimate and illegal channels of trade must be of frequent occurrence, so long as this condition of things continues.

6. A single wide-spread epidemic of yellow fever would cost the United States more in money—to say nothing of the grief and misery it would entail—than the purchase money of Cuba.

7. The precautions against the spread of small pox in Cuba are entirely inadequate, and are rendered ineffective by reason of the superstition of a large proportion of the inhabitants. Hence, epidemics of that loathsome disease are of frequent occurrence.

8. Leprosy prevails in Havana and the Island of Cuba to a serious and constantly increasing extent.

9. Leprosy is absolutely unrestricted in this island. While there is an immense and admirably-administered Leper Hospital in Havana, its inmates go and come among the residents of the city and country at will, until locomotion is rendered impossible by mutilation.

10. The ravages of the disease are confined to no class or race.

11. Leprosy has already obtained a foothold in the United States, in the ports nearest to, and in most constant communication with, the Island of Cuba.

12. Leprosy has but one history—that of constant progression—unless it is checked by isolation of the most absolute and unrelenting character.

13. No center of leprosy has ever originated in the United States. The importation of the first case of a series can always be distinctly traced.

In view of the truth of the above theses, I feel myself warranted in proposing the following resolutions for the consideration of the A. P. H. Association :

Resolved, That in view of the constant menace to the health of the United States from the uninterrupted presence of the three most serious known contagions in the Island of Cuba, a condition which must continue so long as this island is a mere dependence of a country three thousand miles distant, this Association respectfully urges upon his Excellency, the President of the United States, the expediency of opening negotiations with the Spanish Government, with a view to an amicable transfer of the said island to the Government of the United States.

Resolved, That in the meantime, this Association, recognizing the admirable precautions taken by the United States Marine Hospital Service, and by the State Board of Health of Florida, to prevent the introduction of yellow fever into this country, respectfully request Supervising Surgeon General Hamilton, of the United States Marine Hospital Service, the Honorable the State Board of Health of Florida, and all Quarantine Commissioners of ports having intercourse with Cuban ports, to exercise the same vigilance with regard to leprosy that is already observed in the case of yellow fever during what is known as Quarantine Season.

Resolved, That the Secretary be instructed to transmit copies of the above resolutions to the several officials therein indicated.

The second resolution was passed, and the said officials notified of its contents.

1532 PINE ST., PHILA.

ST. CHARLES COUNTY (MISSOURI) MEDICAL ASSOCIATION.

THE St. Charles County Medical Association held its quarterly convention Tuesday, November 19, at Warrenton, in the hall of the Germania Literary Society. After the usual preliminaries, Dr. Koch, President of the Central Wesleyan College, was introduced, and called upon to address the Convention. He responded with a few appropriate remarks, extending a hearty welcome to the Association. Dr. Middlekamp, after a few words of welcome, dwelt to some extent on the wonderful advances made in medicine and surgery. Dr. Vinke, in behalf of the Association, expressed thanks for the kind reception, and in the course of his remarks became quite complimentary to Dr. Middlekamp. Several physicians of this and adjoining counties were, on motion, elected honorary members of the Association.

In the afternoon session DR. MIDDLEKAMP read a paper on the

IDEAL SURGEON.

The subject was so thoroughly treated that, it seemed, no one had the heart to open a general discussion. Several interesting cases were reported, after which DR. BOLTEZER read a paper on

ERGOT IN PARTURITION.

A general and lively discussion took place, during which many and various views were expressed on the subject.

It being impossible to induce the Association to stay for an evening session, it was decided to have the next convention to take place at St. Charles, Mo. House adjourned.

On invitation from Prof. Frick, the Association amused themselves by examining specimens in the college museum until train time.

J. H. Stumburg, St. Charles; T. J. Evans, Wentzville; J. D. Evans, High Hill; C. M. Johnson, St. Charles; S. J. Burch, Rhineland, were appointed to read essays at the next meeting.

Book Reviews.

A TEXT-BOOK OF PRACTICAL MEDICINE. By ALFRED L. LOOMIS, M.D., LL.D. Eighth Edition. New York: Wm. Wood & Co., Publishers. With 215 Illustrations; pp. 1149.

"The work has been thoroughly revised and largely rewritten. About fifty pages have been added. Many important changes and additions will be noticed. Among these are brief descriptions of the more frequent pathological processes and a detailed statement of the methods employed in bacteriological study, with an enumeration of the distinguishing characteristics of those micro-organisms which at the present time are regarded as pathogenic. Several additions have been made to the list of diseases considered. A lithographic plate has been introduced into the portion treating of bacteriology, which subject has been carefully discussed and brought up to the present date."

It is to be regretted that the results of bacteriological study do not appear also in the parts relating to treatment. In some respects the book resembles Flint's work, in the poverty of the therapeutics, as well as in the excellent description of the symptoms. In pneumonia, for instance, the author has found nothing better than opium; in acute tuberculosis he has nothing else to suggest.

Pamphlets.

Cases of Ocular Paralysis, by Alvin A. Hubbell, M.D., Professor of Diseases of the Eye, Ear and Throat in the Medical Department of Niagara University, Buffalo, N. Y. Reprint from *Buffalo Medical and Surgical Journal*, September, 1889.

Pennsylvania State College Agricultural Experiment Station. *Bulletin*, No. 8, July, 1889.

Proceedings and Addresses at a Sanitary Convention held at Tecumseh, Mich., June 6 and 7, 1889. Supplement to the Report of the Michigan State Board of Health for the year 1889. No. 302. Darius D. Thorp, Lansing, 1889.

Proceedings and Addresses at a Sanitary Convention held at Otsego, Mich., May 2 and 3, 1889. Supplement to the Report of the Michigan State Board of Health for the year 1889. No. 298. Darius D. Thorp, Lansing, 1889.

EUCALYPTUS leaves reduced to coarse powder, like smoking tobacco, and smoked in a common clay pipe, the smoke being drawn into the lungs and expelled through the nose, have marked curative effects in nasal and bronchial catarrh.—*Ind. Pharm.*

PROF. SCHRIMMER advises (*Wien. Med. Woch.* No. 8, 1889) injections of the salicylate in both acute and chronic gonorrhœa.

R.—Salicylate of mercury gr. $\frac{1}{6}$.
Distilled water $\frac{5}{3}$ iii.—M.
Sig.—Inject three times a day.

The Medical Digest.

DR. SCALGI, of Rome, recommends for antisepsis, very weak solutions of mercuric chloride at a temperature of 40 or 50 degrees C. as being more active than ordinary solutions now used in surgery.

These, according to the *Annales d'Orthopédie*, produce at the surface of the wound, a coagulation with union by first intention. The strength employed is one to 10,000 or 20,000.

HYPNOTIC ECCENTRICITIES.—Tessié communicated the following to the Congress for Forensic Medicine: He hypnotised the patient and suggested to him, "The right ring finger represents lasciviousness, the left the opposite." On being aroused, he grasped the right finger, producing an erotic condition. While he was preparing to pollute himself, Tessié grasped the left finger, when patient desisted, and the combat between the contending emotions was depicted in his face. When both fingers were grasped, the patient became perplexed. The most incredible point of the communication is the statement that an extreme erotic condition, with consequent indulgences, was aroused a day later by the accidental pressure of the right finger by a friend.

—*Int. Klin. Rundschau.*

TREATMENT OF IODISM.—The origin and treatment of iodism is the subject of an essay by Roehmann and Malachowski, who regard the manifestations of intense irritation of the mucous membrane, which so frequently follow the administration of small as well as large doses of iodine, due to free iodine in the system. It is necessary for this development that nitrates should circulate in the organism and that the reaction of the respective mucous membrane should not be alkaline. Hence, the authors' attempt by administering 150 to 180 grs. bicarbonate of soda in two doses daily, to render the mucous membrane alkaline. By this treatment, pursued since 1887, they have succeeded not only in ameliorating the most intense iodic irritations, but in removing the milder ones entirely.

—*Therap. Monatsh.*, 1889.

IN the *Annales d'Orthopédie et de Chirurgie*, Naples, Italy, Poncet of Lyons speaks very favorably of osseous grafting, which he has studied with special care. His first case was a boy who had lost his right tibia from osteo-periostitis, into the place of which he transplanted pieces of bone taken from other animals. A straight well-formed bone was the result, although shorter than the sound one.

With years, the shortness became apparent, because, while the left tibia grew in length, the other remained stationary, the cartilage of the epiphysis, to which bone growth is due in a longitudinal direction, being destroyed.

He advises also replantation in large losses of bony substance, as, for example, after extraction of large sequestra. Here the grafting must be done with small pieces of bones of cancellous structure only, using, at the same time all antiseptic precautions.

INTERNAL USE OF TURPENTINE IN DIPHTHERIA.

—Dr. Peñalva, of South America, had good results from this treatment. In five pronounced cases of severe type, improvement began on the second day. He uses it in mucilage with syrup tolu. Dr. Lewantaner, of Constantinople, who has for two years advocated large doses of turpentine in croup, has recently published two cases which apparently were only to be saved by tracheotomy, but which yielded to one teaspoonful of pure turpentine. This produced severe cough, by which croupous membranes were excreted. The dose may be repeated once or twice, and followed by a mixture of smaller quantities.

—*Deut. Med. Zeit.*

AN EPIDEMIC OF PHTHISIS is reported by Marfan, who observed fourteen deaths from among twenty-two employes in an office during five years. The cases are traced to one employe who, at forty years, died of phthisis, after twenty-four years' employment. He coughed and expectorated a great deal for three years. The office occupied by these men only admitted 10 cubic meters air for each individual; ventilation and light were bad. The floor was uneven, full of crevices and cracks, and was not kept clean. *All employees spat upon the floor.* The author has no doubt that tuber bacilli were present in the dust arising from sweeping done in the presence of the employes. He was prevented from demonstrating this fact, because the place had been thoroughly swept when he called. The predisposing element of poverty (the small incomes), and inhygienic dwellings, doubtless played an important rôle.—*W. Med. Presse.*

PROF. HENOCH ON DIPHTHERIA reports on one hundred and ninety-two cases. In many cases it is possible to distinguish diphtheria from angina lacunaris only after prolonged observation. The diagnosis is clear only when all or several cardinal symptoms are present. Bilateral deposit, involvement of the soft palate, vulva, etc.—albuminuria, nasal infection. Enlarged glands and fever are present in angina, also. In 110 out of 152 cases, the pharynx alone was affected; in 82 cases the larynx was involved; of the latter, 12 were not operated on on account of sepsis and collapse, or severe lung complications. Intubation was not used; 9 of 70 tracheotomies were saved. More than half the children suffered from tuberculosis and rachitis, and under two and a half years. Croup is to be distinguished from diphtheria. Out of 36 cases of croup, 24 per cent. were saved by tracheotomy; of the 110 pharyngeal cases, 32 died. Fever proves nothing. One septic case, with many petechiae, was free from fever till it died. Deposits on the hard palate, cheeks, tongue, and lips, are bad omens. Deposit on the nose he does not regard as so serious. Uræmia is very sure. Nephritis occurs usually from the third to the fifth day, with casts, epithelial, but few red blood globules (as in scarlatina).

Croupy cough and stridor do not indicate operation of therapeutics. He can say but little. He has tried all the new remedies; in the severe cases all failed.

—*Int. Klin. Rundschau.*

Medical News and Miscellany

FRANCE has a sleeping girl.

BLOCKLEY gas pipes are on a strike.

Russia's Czar now takes chloral as a nerve bracer.

DIPHTHERIA is epidemic in portions of Lancaster County.

"ESCULENT REPOSITORY" is the sign of a grocer in this city.

DR. DERCUM has recovered from an attack of typhoid fever.

DR. W. F. DECKER was attacked and beaten by an insane patient.

DR. WILLIAM ATLEE, of Lancaster, died of typhoid fever in Washington, D. C.

THE will of William A. M. Fuller bequeaths \$1,000 to the Episcopal Hospital.

CORN canned by the salicylic acid process poisoned a child in Chester County.

DR. J. P. HOFFA, of Montour County, has been in Philadelphia for a short visit.

THE death of fourteen infants in London last week were attributed to "overlaying."

As a cure for insomnia a Brooklyn clergyman exerts will-power with unfailing success.

DR. S. T. MAYER has resigned his place as vaccine physician in the Twenty-ninth Ward.

THE Chinese eat pumpkin seeds between the courses at dinner as an appetizer and digester.

A POOL of water in a lot up town has flooded out twenty-three houses and caused sickness in the neighborhood.

THE Russian epidemic of influenza that affects St. Petersburg from Czar to peasant, is said to be rapidly spreading.

NEAR-SIGHTEDNESS affects France as well as Germany; 46 per cent. of the French college seniors having myopic vision.

THE Norwegians are the longest lived people in the world, there being a very slight mortality among children in that microbe-free land.

A BOSTON doctor has been arrested for failing to report a case of small-pox in a crowded tenement house, until over a week had elapsed.

DR. A. E. ROUSSEL has been appointed Demonstrator of Physical Diagnosis at the Medico-Chirurgical College, in place of Dr. Aulde, resigned.

A STUDENT in the Maryland College of Pharmacy possesses a wonderful magnetic power which enables him to lift heavy objects with the tips of his fingers.

THE *Sanitary News* warns persons who bite off the ends of silk thread, of the danger of lead poisoning, as the silk is soaked in acetate of lead to increase the weight.

HABITUAL drunkards in Norway and Sweden are put in jail and fed entirely on bread steeped in wine, till they become sickened and are glad to live as total abstainers.

By a gift of \$5,000 to the Presbyterian Hospital, Mrs. E. P. Baugh and son (Chauncey Baugh) have endowed a free bed in that institution in memory of the late Mr. Baugh.

DR. MORITZ HAY, of Vienna, has been awarded a gold medal in the Section of Public Health, and a silver medal in that of Medicine: at the Paris Exhibition, for his specimens of vaccine.

A BOSTON man fell over the stair railing in Odd Fellows Hall and swallowed his tongue, which the shock forced down his throat. He was an odd fellow indeed, to be so scared by the goat.

DR. GORTER is said to have received \$17,000 in settlement of his bill for attending Robert Garrett on his trip around the world.

It is expensive to be a millionaire.

REV. MR. SWINDELLS becoming wearied at the delay in completion of the Methodist Hospital, has tendered his resignation as superintendent of that institution and will return to the pulpit.

THE danger of overhead wires for electric lights has again been demonstrated by the death of a New York clerk, who came in contact with a wire which supplied electricity to a lamp in front of his store.

A SUBURBAN storekeeper who hung out a sign that a boy was wanted, was surprised by a literal interpretation on his return after a temporary absence, when a foundling lay on his counter and his sign had been removed.

THE British ship Germanic from Cebu, Philippine Islands, which has just arrived at the breakwater, having had a case of the Asiatic cholera last July, will be disinfected and fumigated before she is allowed to approach the city.

DR. McCook, of this city, is one of the judges to award three prizes offered by R. H. Lamborn for the best three essays "based on original observations and experiments on the destruction of mosquitoes and flies by other insects."

DR. APOSTOLI, in giving the results of his treatment with electricity in gynaecological cases, shows that in many instances extreme sensitiveness from pain can be relieved by a few minutes' application of the inducted current.

A CINCINNATI lady is applying for a divorce on the grounds that her husband, a drunkard, after threatening her life, in order to torture her, compelled her to sleep beside a skeleton that he had brought home from the medical college in which he was employed.

OPERATING tables in France are so constructed that the lower end can be elevated at a moment's notice, and thus when there is danger of heart failure, the patient can be held head downward till restored.

The Daggett table has this mechanism most ingeniously applied.

THIS week has witnessed the great festival held in behalf of the Medico-Chirurgical Hospital. The Academy of Music has been nightly crowded to the doors, and thousands of persons have been delighted by the novel and beautiful spectacles provided by the Managers. The Medico-Chirurgical entertainments have become recognized as a feature of the winter, having now been held for five successive seasons, with constantly increasing magnitude, until they have now the credit of holding the greatest fair which has been seen in Philadelphia since the Sanitary Fairs during the war. Whether they can outdo their present exploit seems doubtful. We understand that the hospital has cleared a very large sum.

To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Medical Index.

A weekly list of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

A new antiseptic dressing by Sir Joseph Lister, Bart., F.R.S., London. N. Y. Med. Rec., Nov. 23, 1889.
 A new antiseptic, Lister. Brit. Med. Jour., Nov. 9, 1889.
 Amputation at hip joint, Myles. Br. Med. Jour., Nov. 9, 1889.
 Abdominal and other capital operations performed during pregnancy, Robson. Brit. Med. Jour., Nov. 9, 1889.
 Accidents d'Intoxication par la viande, observés en Camp d'Avar en Mai, 1889. Arch. de Med. et de Pharm. Mil., Nov., 1889.
 Abscess of the liver, treatment, Harley. Brit. Med. Jour., Nov. 23, 1889.
 Apparent physical paradox involved in the re-expansion of a collapsed lung while a free opening remains in the pleural sac, O'Dwyer. Arch. of Ped., Nov., 1889.
 Basis for sanity and insanity and classification of the insane. Buttolph. Alien. and Neurol., Oct., 1889.
 Cancer and Cancerous diseases, Marshall. Brit. Med. Jour., Nov. 23, 1889.
 Contribution to the study of the summer diarrhoea of infancy, Jeffries. Arch. of Ped., Nov., 1889.
 Case of tetanus, Hamer. Med. Bul., Nov., 1889.
 Case of ptomaine poisoning, Marsh. N. Y. Med. Jour., Nov. 9, 1889.
 Double empyema, Huber. Arch. of Ped., Nov., 1889.
 Discussion on surgical treatment of typhilitis, Treves. Brit. Med. Jour., Nov. 9, 1889.
 De l'Evolution variable de la Tuberculose experimentale, Darmburg. Bul. de l'Acad. de Med., Oct. 29, 1889.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department, United States Army, from November 26, 1889, to December 2, 1889.

BALL, R. R., First Lieutenant and Assistant-Surgeon, Fort Riley, Kans., will proceed to Fort Sill, I. T., and report to the commanding officer for temporary duty at that post. Par. 2, S. O. 173, Dept. Mo., Nov. 21, 1889.

By direction of the Secretary of War, Captain James E. Pilcher, Assistant-Surgeon, is relieved from duty at Fort Ward, N. Y. H., and will report in person to the commanding officer, Fort Clark, Texas, for duty at that station, reporting also by letter to the commanding general, Dept. of Texas. Par. 3, S. O. 276, A. G. O., November 26, 1889.

Leave of absence for fifteen days is granted Captain John J. Cochran, Assistant-Surgeon, to commence about December 1, 1889. Par. 3, S. O. 272, Div. Atlantic, Nov. 27, 1889.

Changes in the Medical Corps of the United States Navy for the week ending December 7, 1889.

NEILSON, J. K., Assistant-Surgeon. Detached from the U.S.S. "New Hampshire," and ordered to the U.S.S. "Portsmouth."

BEVER, H. G., Passed Assistant-Surgeon. Detached from the U.S.S. "Portsmouth," and placed on waiting orders.

SIEGFRIED, C. A., Surgeon. Detached from the naval station, New London, Conn., and ordered to the "New Hampshire."

HALL, JOHN H., Passed Assistant-Surgeon. Ordered to the naval station, New London, Conn.

KITE, I. W., Assistant-Surgeon. Detached from the Naval Hospital, Philadelphia, Pa., and ordered to the Naval Hospital, Pensacola, Fla.

ROSS, J. W., Surgeon. Detached from the Naval Hospital, Pensacola, Fla., and placed on waiting orders.

De l'Ulcération vaccinale, moyen de Reconnaître si elle est de Nature syphilitique. Jour. d'Hyg., Nov. 7, 1889.

Du Rheumatisme des Muscles de l'Oeil, Wright. La France Med., Oct. 31, 1889.

De la Goutte, Greffier. La France Med., Nov. 7, 1889.

Eleven cases of intubation in young children, Staveley. London Lancet, Nov. 9, 1889.

Essai critique et clinique sur le Traitement des Lesions traumatiques du Crane, Forques. Arch. de Med. et de Pharm. Mil., Nov., 1889.

Études sur les Maladies des Ganglions lymphatiques (suite) B. Adenitis tuberculeuses, Dandois. Rev. Med., Sept., 1889.

Fractured patella, treatment by extra-articular suture, Myles. Dublin Jour., Nov., 1889.

Fractures of the base of the skull, Dennis. N. Y. Med. Rec., Nov. 23, 1889.

Five reasons for failure in treating chronic rhinitis, Rumbold. N. Y. Med. Rec., Nov. 23, 1889.

Formation of scar-tissue, Sherrington and Ballance. Jour. of Phys., Oct., 1889.

General subcutaneous emphysema, Earle. Arch. of Ped., Nov., 1889.

Hoang-nan in skin diseases, Shoemaker. Med. Bul., Nov., 1889.

Influence of the nervous system on renal functions, Spallitta, Alien. and Neurol., Oct., 1889.

Inflammation of the breast and its treatment by elastic pressure, Horne. Dublin Jour., Nov., 1889.

Improved apparatus for the therapeutic use of compressed and rarefied air, with remarks on the home treatment of pulmonary affections, Solis-Cohen. N. Y. Med. Jour., Nov. 23, 1889.

Intestinal superdigestion, Christopher. N. Y. Med. Jour., Nov. 9, 1889.

Janiceps asymmetros, Caille. Arch. of Ped., Nov., 1889.

Le Choléra en Cochinchine de 1863 à 1870, d'après la Statistique médicale publié à Saigon, Calmette. Arch. de Med. et de Pharm. Mil., Nov., 1889.

Le Coeur sénile, Romme. La Trib. Med., Nov. 7, 1889.

Les Sels de Cuivre dans le Reverdissage des Conserves alimentaires, Joltrain. Jour. d'Hyg., Nov. 7, 1889.

La Fièvre Dengue. Jour. d'Hyg., Nov. 7, 1889.

Le Diabète et la Glycosurie, Grefier. La France Med. Nov. 5, 1889.

La Leucémie aigné, Leucémie pendant la grossesse, Junon. La France Med., Nov. 9, 1889.

Les nouveaux Hypnotiques, Egasse. Bul. Gen. de Therap., Nov. 15, 1889.

La Pharmacie et la Chimie à l'Exposition universelle de 1889. Nicot. Bul. Gen. de Therap., Nov. 15, 1889.

La Maladie de Friedrich, Ladame. Rev. Med., Nov. 20, 1889.

L'Information des Cas de Maladies transmissibles et les Déclarations de Dèces, Schmid. Rev. Med., Nov. 20, 1889.

La Céphalotribe bigame, Lebon. Rev. Med., Sept., 1889.

Laryngeal fatigue, Barton. Med. Bul., Nov. 2, 1889.

Medico-legal problems of inebriety, illustrated by the Swift case, Crothers. Alien. and Neurol., Oct., 1889.

Method of local medication in perforative otorrhœa, Sheild. Pract., Nov., 1889.

Membranous croup, tracheotomy, recovery, Caillé. Arch. of Ped., Nov., 1889.

Noisy respiration in children, Dillon-Brown. Arch. of Ped., Nov., 1889.

Over-strain and under-power of brain, Hughes. Alien. and Neurol., Oct., 1889.

On the treatment of acute intestinal obstruction due to collections within the lumen of the bowel, Stoker. Dublin Jour., Nov., 1889.

Observations on the urine in pernicious anaemia, Hunter. Pract., Nov., 1889.

Osteo arthritis as an immediate sequel of rheumatic pyrexia, Spender. London Lancet, Nov. 9, 1889.

On the symptom of pain in slow intrapericardial haemorrhage, Naismith. London Lancet, Nov. 9, 1889.

On the effect upon the human body of a diet consisting entirely of lean meat and water, Herschell. London Lancet, Nov. 9, 1889.

On the histology of the mucous salivary glands, and on the behavior of their mucous constituents, Langley. Jour. of Phys., Oct., 1889.

On the stimulation effects in a polarized nerve during and after the flow of the polarizing current, Stewart. Jour. of Phys., Oct., 1889.

Obsèques de M. Ricord. Bul. de l'Acad. de Med., Oct. 29, 1889.

Pleurisie purulente pneumonique, Vomiques, Poncton, Guerison, Brunon. La Normandie Med., Nov. 1, 1889.

Principles of the mechanical treatment of hip-joint disease, Shaffer. N. Y. Med. Jour., Nov. 23, 1889.

Pathology and treatment of intrapelvic inflammations, McMurtry. N. Y. Med. Rec., Nov. 9, 1889.

Paraffine method as used by Prof. Gaule, Zurich, Ross. Can. Pract., Nov. 1, 1889.

Relations of pediatrics to general medicine, V. Jacobi. Arch. of Ped., Nov., 1889.

Remarks on institutions for the insane, with special reference to the most natural and satisfactory methods of serving food to their inmates, Buttolph. Alien. and Neurol., Oct., 1889.

Relation of arterial hypoplasia to cardiac disease, Handford. Pract., Nov., 1889.

Russian researches in therapeutics, Maxwell. Pract., Nov. 1889.

Recherches expérimentales sur l'Intoxication saturnine (suite et fin), Prevost et Binet. Rev. Med., Nov. 20, 1889.

Spinal concussion, Clevenger. Alien. and Neurol., Oct., 1889.

Sarcoma of the dura mater, ligature of the longitudinal sinus, Kammerer. N. Y. Med. Rec., Nov. 23, 1889.

Thrombosis of the vertebral artery pressing on glosso-pharyngeal nerve; unilateral loss of taste at back of tongue, Pope. Brit. Med. Jour., Nov. 23, 1889.

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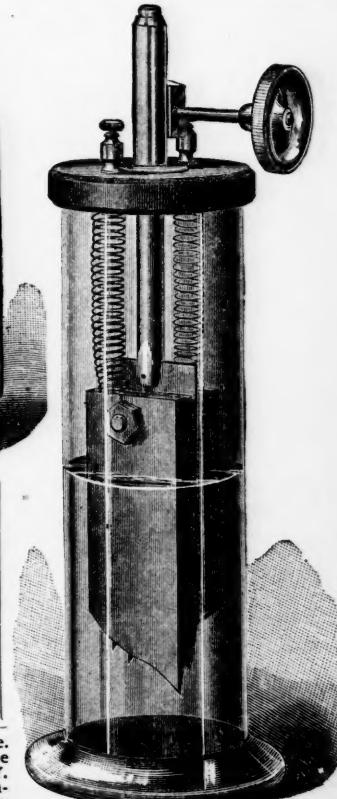


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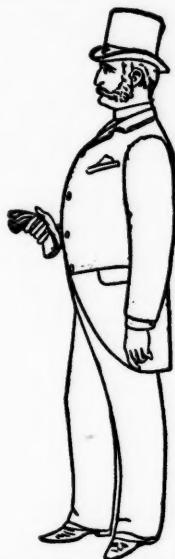
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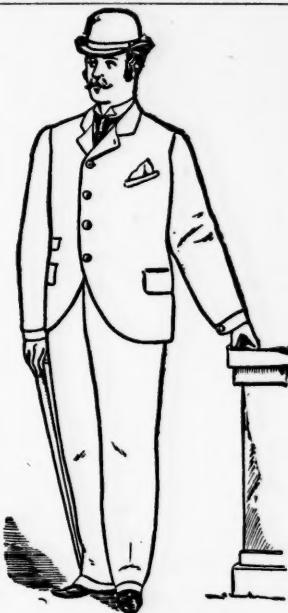
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One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

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Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being eliminated. It has less tendency to cause Nausea, Vomiting, Constipation, Etc.

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Same as Opium or Morphia.

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THE ALTERATIVE AND UTERINE TONIC

FORMULA.

Iodia is a combination of active principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum, and Aromatics. Each fluid drachm also contains five grains Iod. Potas., and three grains Phos. Iron.

DOSE.

One or two fluid drachms (more or less as indicated) three times a day, before meals.

INDICATIONS.

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhœa, Amenorrhœa, Impaired Vitality, Habitual Abortions, and General Uterine Debility.

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INASMUCH as our competitors have been energetically making mis-statements regarding our goods, trying to frighten practitioners from their use, we deem it but right for us to give a few of our friends an opportunity to speak for us in denial of the false statements made.

COHOES, N. Y., Sept. 11, 1889.

The U. P. & G. Co.,

Gents: Your letter and also pocket case received. I am delighted with it. Like all of your goods, it is elegant and just my ideal of what a pocket case should be. I have long been using Upjohn's Pills and consider them handsome, well finished and always uniform and reliable. Rest assured that I shall continue to use them and will be more than pleased to say a good word for them at any and all times.

Very truly yours, C. E. Witbeck

N. Y., May 27, 1889.

The U. P. & G. Co.,

Gentlemen: We enclose herewith money order for amount of invoice of May 22. We shall be pleased to order of you when our present stock is exhausted. Your pills so far are giving perfect satisfaction.

Yours very truly, Thomas J. Keenan,
N. Y. Polyclinic, Hospital and Dispensary.

WATERFORD, N. Y., Feb. 1, 1889.

The U. P. & G. Co.,

Gentlemen: Enclosed please find check for amount of statement received. Your Quinine Pills give perfect satisfaction to our physicians; we have sold about sixty ounces within the past year.

Respectfully, John Higgins & Co.

NEWTON, N. J., July 5, 1889.

The U. P. & G. Co.,

Dear Sirs: We have used your Quinine Pills exclusively for the last two years, and are entirely pleased with them. Yours, etc., H. O. Ryerson & Co.

ELMIRA, N. Y., July 19, 1889.

The U. P. & G. Co.,

Dear Sirs: Case of granules received. I am very much pleased with the Upjohn Pills and believe the process will eventually revolutionize the manufacture of pills. Yours truly, F. B. Parke, M.D.

COHOES, N. Y., Aug. 23, 1889.

The U. P. & G. Co.,

Gents: Enclosed please find New York draft for invoice of July 31 for Private Formula No. 1332.

I must say that the pills are very nicely made and also work to a charm. Please note me 50,000 lots of same.

Respectfully yours,
Jonas S. Ten Eyck.

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The U. P. & G. Co.,

Gents: I have found your case a great convenience and its contents have been very helpful to my patients. The case has already paid for itself *ten times over*.

Yours, E. W. Finch, M.D.

NORTH MANCHESTER, IND., Sept. 14, 1889.

The U. P. & G. Co.,

Dear Sirs: I have received the pills manufactured by your house (Special Formula) and I like them very much. When I need anything in your line I know where to get it. Enclosed you will find money order in satisfaction of same. Yours truly,

D. A. Goshorn, M.D.

TERRE HAUTE, IND., July 23, 1889.

The U. P. & G. Co.,

Dear Sirs: Recently when prescribing pills and granules, I have specified those of your manufacture. They have invariably given the best of satisfaction.

Yours very truly,
Cort F. Askren, M.D.

SHELBYVILLE, ILL., Oct. 19, 1887.

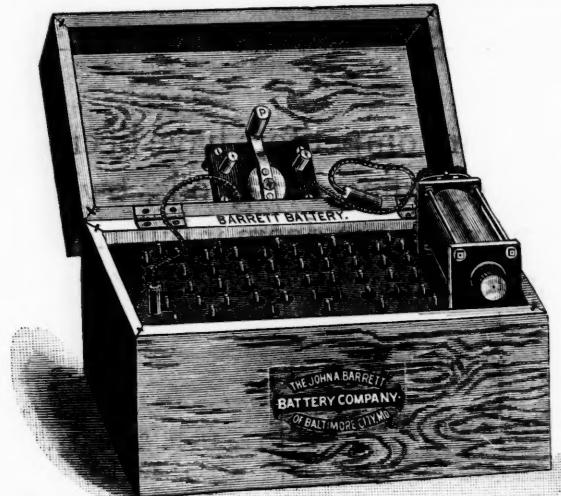
The U. P. & G. Co.,

My Dear Sirs: The pills came to hand this morning; enclosed find P. O. Order for same. I am very grateful to you for sending them. I have always found your goods reliable. Respectfully,

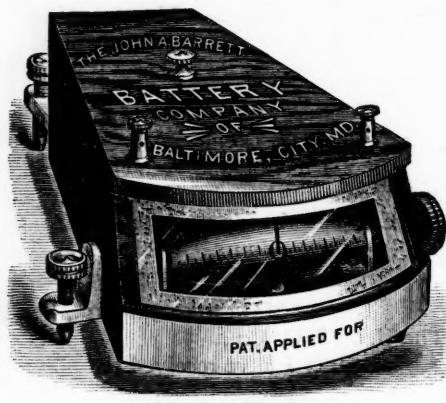
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Patented, - June 11, 1889. No. 405196
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Introduced into the United States by Leopold Hoff, 1866.

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Superior to any other preparation as a Safe and Pleasant Appetizer and Invigorant and as a Food in

TYPHOID FEVER.

CAUTION.— Beware of the substitution of a so-called Malt Extract put up in a squat bottle with the name Johann Hoff and Moritz Eisner on neck, the proprietors of which have just been convicted, in a Berlin court, of publishing a false court decision and of supporting the same by the false affidavit of one of their firm. The original and genuine **HOFF'S MALT** can only be obtained in the United States in bottles as per cut. When prescribing, please write for **HOFF'S MALT EXTRACT—TARRANT'S**, which will alone prevent substitution.

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The most Perfect compound Ever Offered to the Medical Profession for the relief of the following female disorders: DYSMENORRHœA, AMENORRHœA, MENORRHAGIA, LEUCORRHœA, SUBINVOLUTION, PUERPERAL CONVULSIONS, RELAXED conditions of UTERUS and APPENDAGES, and THREATENED ABORTION; directing its action in a most remarkable manner to the entire UTERINE system as a general tonic and ANTISPASMODIC, and in cases of impaired vitality, COMPLETE RESTORATION follows its USE.

This happy combination is the result of an EXTENSIVE PROFESSIONAL EXPERIENCE RUNNING THROUGH A SERIES OF YEARS, in which the constituent parts have been FULLY TESTED, singly and in combination, in various proportions, until PERFECTION has been ATTAINED.

We, with the profession, have no regard for secret remedies.



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Is prepared for prescribing exclusively, and the Formula, as given, will commend itself to every intelligent physician.

F O R M U L A.

VIBURNUM PRUNIFOLIUM, VIBURNUM OPULUS, DIOSCOREA VILLOSA, ALETRIS FARINOSA, HELONIAS DIOICA, MITCHELLA REPENS, CAULOPHYLLUM THALISTROIDES, SCUTELLARIA LATERIFLORA.

Every ounce contains $\frac{3}{4}$ drachm each, of the fluid extracts.

DOSE: For adults from a dessert to a tablespoonful three times a day, after meals. In urgent cases, where there is much pain, doses may be given every hour or two, *always in hot water*.

The skill of a highly accomplished pharmacist and thorough chemist was required to combine the resinoids in a palatable, effective and elegant form, and at the same time retain and enhance the therapeutic action.

Jno. B. Johnson, M.D., Professor of the Principles and Practice of Medicine, St. Louis Medical College.

ST. LOUIS, June 20, 1888.

I very cheerfully give my testimony to the virtues of a combination of vegetable remedies prepared by a well-known and able pharmacist of this city and known as DIOVIBURNIA, the component parts of which are well known to any and all physicians who desire to know the same, and therefore have no relation to proprietary or quack remedies. I have employed this medicine in cases of dysmenorrhœa, suppression of the catemania, and in excessive leucorrhœa, and have been much pleased with its use. I do not think its claims (as set forth in the circular accompanying it) to be at all excessive. I recommend its trial to all who are willing to trust to its efficacy, believing it will give satisfaction. Respectfully,



L. Ch. Boisliniere, M.D., Professor of Obstetrics, St. Louis Medical College.

ST. LOUIS, June 18, 1888.

I have given DIOVIBURNIA a fair trial and found it useful as an uterine tonic and antispasmodic, relieving the pains of dysmenorrhœa and regulator of the uterine functions. I feel authorized to give this recommendation of DIOVIBURNIA as it is neither a patented nor a secret medicine, the formula of which having been communicated freely to the medical profession.

L. Ch. Boisliniere, M.D.

H. Tuholske, M.D., Professor Clinical Surgery and Surgical Pathology, Missouri Medical College, also Post-Graduate School, St. Louis.

ST. LOUIS, June 23, 1888.

I have used DIOVIBURNIA quite a number of times; sufficiently frequently to satisfy myself of its merits. It is of unquestionable benefit in painful dysmenorrhœa, it possesses antispasmodic properties which seem to especially be exerted on the uterus.

W. H. Tuholske

To any physician, unacquainted with the medicinal effects of **Dioviburnia**, we will mail pamphlet containing full information, suggestions, commendations of some of the most prominent practitioners in the profession, and various methods of treatment; also a variety of valuable prescriptions that have been thoroughly tested in an active practice, or to physicians desiring to try our preparation, and who will pay express charges, we will send on application a bottle free.

DIOS CHEMICAL COMPANY,
ST. LOUIS, MO.

An Important Communication TO PHYSICIANS.

Thirteen years have now elapsed since the introduction of SCOTT'S EMULSION OF PURE NORWEGIAN COD LIVER OIL with HYPOPHOSPHITES of LIME and SODA, since which time its growth and development have been very large, not only in this country but in South America, Great Britain and a large part of Continental Europe, and it has, in a very large degree, supplanted the Plain Cod Liver Oil. Its success is largely due to the happy combination of all its components, making a perfect chemical union, that will not separate for years, which we believe is not true of any other Cod Liver Oil preparation.

The innumerable reports from Physicians, of the brilliant results obtained justifies the statement that in almost every case where Cod Liver Oil is indicated, Scott's Emulsion is infinitely superior.

Physicians who have never tried this Emulsion, or who have been induced to try something else in its stead, will do us the favor to send for sample, and we know they will always use it in preference to plain Cod Liver Oil or any other preparation.

We also call your attention to the following preparations:

CHERRY-MALT PHOSPHITES.

A combination of the tonic principles of *Prunus Virginiana*, Malted Barley, Hypophosphites of Lime and Soda, and Fruit Juices. An elegant and efficient brain and nerve tonic.

BUCKTHORN CORDIAL (*Rhamnus Frangula*.)

Prepared from carefully selected German Buckthorn Bark, *Juglans* Bark, and Aromatics. The undoubted remedy for Habitual Constipation.

Be sure and send for samples of the above—delivered free.

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RECENT THERAPEUTIC NOVELTIES.

ANTACID TABLETS, COMPRESSED.

Sir William Roberts, M. D., F. R. S., contributed to the *Pharmaceutical Journal and Transactions* Aug. 24th, 1889, a scholarly paper entitled "Some Practical Points in the Use of Antacid Remedies in Dyspepsia and Gravel." This article has attracted wide attention and so many inquiries regarding it have come to us that we have pleasure in advising our medical friends that we are now prepared to supply in bottles of 100 each, as desired, Compressed Antacid Tablets of the following formula:

Calcium carb. precip., $3\frac{1}{2}$ grains.
Magnesium carb., $2\frac{1}{2}$ grains.

Sodium chloride, 1 grain.
Excipient, q. s.

We shall also be pleased to mail to physicians on request a reprint of Dr. Roberts' article.

PIL. SALINE CHALYBEATE TONIC.

(FLINT'S.)

We beg leave to inform the medical profession also that we have placed upon the market, in the form of sugar-coated pills, the Saline Chalybeate Tonic, recommended by Professor Austin Flint, M. D., LL. D., in the New York Medical Journal, May 18, 1889.

The formula is as follows:

Sodium Chloride, 3 grains.
Potassium Chlorate, 3-10 grain.
Potassium Sulphate, 1-10 grain.
Potassium Carbonate, 1-10 grain.
Sodium Carbonate, 3-5 grain.

Magnesium Carbonate, 1-10 grain.
Calcium Phosp., precip., 1-2 grain.
Calcium Carbonate, 1-10 grain.
Iron by Hydrogen., 9-20 grain.
Iron Carbonate, 1-10 grain.

Dr. Flint says of this formula:

Since the summer of 1887 I have given the tonic in nearly every case in private practice in which a chalybeate was indicated. In many cases I have not been able to watch the effects of the remedy, and in many I kept no records. In thirty-three cases which I have noted as cases of anæmia, with loss of appetite, etc., I have more or less complete records. In twenty-two cases I noted very great improvement, in twelve cases improvement not so well marked, and in one case no improvement.

I have also records of five cases of chronic Bright's disease of the kidneys in adults in which the tonic was the only medicinal remedy employed.

These five cases of albuminuria are reported with reference only to the effects of the "saline and chalybeate tonic." In all the cases this tonic seemed to exert an influence on the quantity of albumin in the urine.

In the great majority of the cases of anæmia, etc., in which iron was strongly indicated, the tonic seemed to act much more promptly and favorably than the chalybeates usually employed. In a certain number of cases in which patients stated that "they could not take iron in any form," the tonic produced no unpleasant effects. Reprint of Dr. Flint's article furnished on request.

AN IMPROVED FORMULA OF BLAUD'S FERRUGINOUS PILLS.

Learning that it was the custom of many physicians to use with satisfactory results a pill combining the ingredients of the well-known Blaud formula with arsenious acid, we now supply the following Pil. Blaud's Ferruginous, modified:

Iron Sulph. Exsic., $2\frac{1}{2}$ grains. Potassium Carbonate, $3\frac{1}{2}$ grains.
Arsenious Acid, 1-40 grain.

The arsenic furnishes antiperiodic virtues to the combination and in this modified form the pill is now largely used.

SUPERIOR GLYCERIN SUPPOSITORIES.

Glycerin suppositories, when first introduced by us, were furnished in paste-board boxes, each suppository being wrapped in pure tin-foil to prevent the deterioration to which it was liable by reason of the hygroscopic character of glycerin.

As a result, however, of experiments conducted during the past summer we have found that these suppositories, if kept in bottles tightly corked, will keep indefinitely without any wrapper, and we are now prepared to furnish them in this form.

As the glass bottles are too heavy for mailing, such suppositories as we have occasion to send by mail, either upon order or as samples, will still be forwarded as before; the tin-foil used being unmixed with lead, and therefore perfectly harmless. The tin-foil should, of course, be removed before using.

We believe glycerin suppositories without any artificial covering, such as tin-foil or paraffin, which has also been used for this purpose, will be far more popular with physician and patient, and serve to prevent, what sometime occurs, the use of the suppository without removal of the wrapper. Send for descriptive circulars.

PARKE, DAVIS & CO.,

Detroit and New York.

